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Borough of Shrewsbury.

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REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1926.

A. D. SYMONS, M.D., D.P.H.

Shrewsbury :
Brown & Brinnand, Ltd., Printers, 5a, Claremont Street.

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BOROUGH OF SHREWSBURY.

THE PUBLIC HEALTH COMMITTEE.

Mr. Alderman Adams.*† (Chairman).
THE MAYOR (Mr. Councillor Bromley)*†
Mr. Alderman Davies.*
Mr. Councillor Cole.*
,, ,, Jackson.*
,, ,, Perks.*
,, ,, Whittaker.
Mr. Alderman How.
Mr. Councillor Downes.
,, ,, Maddison.
,, ,, Smout.*†
,, ,, Woollam.

THE MATERNITY and CHILD WELFARE SUB-COMMITTEE.

Mr. Alderman Adams (Chairman).
THE MAYOR (Mr. Councillor Bromley).
Mr. Alderman How.
Mr. Councillor Cole.
,, ,, Downes.
,, ,, Jackson.
Mr. Councillor Perks.
,, ,, Smout.
,, ,, Withers.
,, ,, Woollam.

Representative Members:

Mrs. Allen.
Mrs. Gale.
Rev. Prebendary P. A. E. Emson.
D. D. Macpherson, Esq.
Miss Thompson.

THE SHREWSBURY and ATCHAM JOINT HOSPITAL BOARD.

Mr. Alderman Adams (Chairman).
THE MAYOR (Mr. Councillor Bromley) *ex officio*.
Mr. Alderman Davies.
Mr. Alderman Deakin.*
Mr. Alderman Froggatt.*
Mr. Councillor Downes.
S. Dale, Esq.
J. D. Hughes, Esq.
H. H. Inions, Esq.
Mr. Councillor Maddison.
H. F. Harries, Esq.
Col. H. W. Lovett.
C. S. Fawcett, Esq.
J. H. Inions, Esq.

---

* Also members of the Housing Acts Committee of which Mr. Alderman Deakin is Chairman, together with Mr. Alderman Pace, and Councillors Glover and Major.

† Members of the Housing Selection Sub-Committee of which Mr. Alderman Adams is Chairman.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health. **School Medical Officer.** **Medical Officer for Maternity and Child Welfare.** **Medical Superintendent of Isolation Hospital.**	† A. D. Symons, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
Sanitary Inspectors :	*† Thomas Speake, F.S.I.A. *† W. H. Purslow, C.R.S.I.
Health Visitors :	† Miss F. E. Brett, Cert.S.I. Exam.Bd.,Dip.Nat.Health. † Miss W. Kyd-Aitken, C.M.B. Fully qualified Health Visitor.
Matron of Isolation Hospital :	Miss A. K. Ellis.
School Nurse :	† Miss J. Price-Davies.
Chief Clerk and Laboratory Assistant :	† G. Nicholas.
Assistant Clerks :	† Miss L. L. Lewis. A. J. Ward.
Abattoir Superintendent and Meat Inspector :	* Frank Farrell.

Part Time Officers.

Medical Officer of Ante-Natal Clinic :	R. L. E. Downer, M.D., B.S., M.R.C.S., L.R.C.P.
Dental Officer Maternity and Child Welfare :	E. W. Hatton Owen, L.D.S.
Food and Drugs Inspector :	W. C. Heas.
Public Analysts :	A. Bostock Hill, M.D., D.P.H., F.I.C. W. T. Rigby, F.I.C.

* Qualified Meat Inspectors.

† Contribution towards salary made under Public Health Acts or by Exchequer grants.

PUBLIC HEALTH DEPARTMENT,
74, WYLE COP,
SHREWSBURY,
May, 1927.

To the Mayor, Aldermen and Councillors of the Borough of Shrewsbury.

MR. MAYOR AND GENTLEMEN,

I have the honour to present to you my annual report on the health of the Borough during the year 1926.

Although the industrial situation affected the townspeople in many ways indirectly, there was no untoward distress on a large scale, necessitating the provision of auxiliary relief schemes.

The death rate being a few decimal points below that of last year, was the lowest ever recorded in Shrewsbury, and there was no visitation of any serious epidemics.

Health legislation which came into force during the year in the form of Orders or Regulations may be said to affect more particularly the health and welfare of Mothers and children, and consisted of the Milk and Dairies Order and the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations. The Milk and Dairies Order which has met with a certain amount of opposition on the part of farmers and dairymen is intended to secure a cleaner milk supply and a healthier herd of cattle. The Order lays great stress on the cleanliness in all operations connected with the production and handling of milk (including the care of the cow), and at the same time requires that the structure of cowsheds, dairies and other buildings should be such as to reduce the harbouring of dirt to a minimum and to fortify the powers of resistance of the cattle against disease.

Because agriculture is a very ancient industry and many farmers are of a conservative disposition, improvement in methods which scientific knowledge shows to be desirable and practicable, is slow in permeating.

But farmers are beginning to realise the debt they owe and will continue to owe to agricultural and medical science.

It is interesting to see how research work into the housing and feeding of human beings to keep them healthy can be applied in large measure to the cow whose natural defences against invasion by disease have been reduced by domestication.

For instance, Tuberculosis in cattle is largely brought about by contact infection in badly ventilated, ill lit byres in which cattle are housed for long periods at a time.

Compliance with the provisions of the Milk and Dairies Order relating to Lighting and Ventilation will benefit the farmer eventually. In some parts of the country, such as the bleak hillsides of the Marlborough Downs, cows have been kept out all the year round, milking taking place in a small portable shed which accommodates three cows at a time, the shed being moved from one part of the field to another. The result has been that no manure whatever is wasted ; it all goes on the land, there is no expense of dung carting, no dirty cows or cowsheds, no expense of permanent buildings and little illness among the animals which thus live under natural conditions.

Reference to the section of this report on the slaughtering of animals at the Abattoir shows that sheep who live in open air conditions do not suffer from Tuberculosis, but cattle, and pigs who are not only badly housed but feed on whey or skimmed milk containing the Tubercle Bacillus succumb to the disease.

But open air conditions by itself will not necessarily ensure freedom from Tuberculosis. The feeding of cattle appears to be of paramount importance. Farmers just like well meaning but misguided human mothers have regarded quantity rather than quality, which is the most important factor, as the main object. Science shows, however, that overfeeding is harmful, and that a balanced dietary containing the requisite mineral salts, vitamins and water is as necessary for the cow as for the human.

Prolonged and artificially stimulated lactation is a strain on the constitution of the cow predisposing towards Tuberculosis, and especially if the foodstuffs supplied are devoid of vitamins, such as cotton seed cake or palm kernel cake.

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Vitamins essential for the health and growth of human beings are obtainable from cow's milk, but the vitamin content of that milk depends upon the feeding of the cow and the amount of exposure to sunlight. It has recently been shown that the vitamin known as Vitamin D, which prevents rickets in infants is present in small quantity in winter milk, owing to the fact that cows are kept indoors, or if, when out, they themselves or the plants they consume are deprived of ultra violet light which is reduced in amount during the winter months in this country. Experiments have already proved that cows given a ration of Cod Liver oil, which contains this particular vitamin, and is a substitute in a sense for sunlight, produce a milk with a raised vitamin value.

These somewhat lengthy remarks are only intended to show that an increasing appreciation by the farmer of the value of the Milk and Dairies Order, will lead to a healthier stock of cattle producing a milk that is clean, has a rich vitamin content and a decreased Tubercle content, which will be consumed by the public in far larger quantities than is the case at present.

The Milk and Dairies Order thus aims at procuring a pure milk supply, the value of which is recognised for children and expectant and nursing mothers.

The Puerperal Fever and Pyrexia Regulations have been introduced with a view to lessening the death rate from sepsis as a result of child birth and ought to be effective. Arrangements have been made by the Maternity and Child Welfare Committee to provide facilities for diagnosis and treatment of notified cases of these conditions.

The town of Shrewsbury may be justifiably proud in that the provision for maternity needs is as complete, if not more so, than any other town of similar size.

You have made provision for Ante-Natal supervision, a Maternity and Child Welfare Centre, Maternity beds, as well as beds for the reception of septic or Puerperal Fever cases, and in addition when the new wing of the Royal Salop Infirmary is opened, accommodation for cases of difficult, obstructed or abnormal labour will be available.

If the public make full use of these facilities, there ought to be a saving of child life and a lessened mortality or damage rate among mothers.

In conclusion I would draw your attention to that part of the report dealing with Scavenging and emphasise that a " Brighter Shrewsbury " movement which is already in evidence by the æsthetic considerations in architectural developments, and by the repainting and preservation of the old black and white houses, would receive a further impetus if the Town Council adopted more efficient methods to cleanse the streets and remove refuse. Health considerations come first, but the trade and prosperity of the town can be increased, if antiquity combined with cleanliness render it more attractive to visitors.

Our houses and shops are not coated with the grime of Manchester, but with dust which is removable and almost as easily preventable.

I desire to thank my colleagues and the various members of my Staff for their willing help, in the work which we all have at heart, which is the welfare of the Town.

I have the honour to be, Gentlemen,
Your obedient Servant,
A. D. SYMONS.

GENERAL STATISTICS, 1926.

Rateable value of the Borough				£185,203.
Sum represented by a Penny Rate				£725.
Area of the Borough (excluding water) in acres				3,470.
Population (Census 1921)				31,030.
Population (Registrar General's estimate middle of 1926)	For Birth Rate			32,760.
	For Death Rate			31,960.
Persons per acre calculated on 1926 population				9.4
Inhabited houses (Census 1921)				6,742.
Families or separate occupiers (Census 1921)				6,995.
		Male.	Female.	
Births	Legitimate	253	294	
	Illegitimate	24	17	588.
Birth Rate				18.2
Deaths				360.
Death Rate				11.2
Number of Women dying in, or in consequence of Childbirth	from sepsis			2.
	other causes			1.
Deaths of Infants under 1 year of age per 1,000 births	legitimate			56.
	Illegitimate			146.
Infant Mortality Rate				63.
Deaths from Measles (all ages)				Nil.
,, ,, Whooping Cough (all ages)				2.
,, ,, Diarrhœa (under 2 year of age)				2.

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Shrewsbury the county town of Shropshire is situated in the centre of a fertile district and is surrounded by more or less unbroken country for a radius of ten miles.

The town varies in elevation from 150 feet to 260 feet above sea level.

The geological formation is varied, red sandstone predominating ; the dry and sandy subsoil is mainly river drift, generally of considerable thickness, with clay underlying at greater or less depth.

The climate is mild and possesses the characteristics of a valley climate, except that river fogs even in the low lying parts of the town are not as frequent as might be expected.

Atmospheric pollution is mainly brought about by domestic chimneys and is not augmented to a serious degree by emission of smoke from industrial chimneys which are relatively few in number.

The town lies within the rain shadow of the hills of Wales and the rainfall is moderate amounting on the average of 25 inches.

Shrewsbury centrally situated in a large agricultural district and well served by railways and motor buses is the Mecca of the marketing community, chiefly noticeable on a Saturday, and possessing, one of the largest Cattle Markets in the country is a busy centre for the purpose of trading in farm stock.

Industrial works are neither numerous or extensive, but include large maltings, three breweries, a tanyard, an agricultural implement works, an iron foundry, tobacco and cigar factory, together with gas and electric light works.

There is a military depot of the Shropshire Light Infantry in the Borough and on the outskirts another depot of the Royal Air Force.

Many inhabitants are employed at two large factories recently erected just outside the Borough boundaries.

Finally, Shrewsbury is an important railway centre not only as a junction, but also owing to the presence of railway carriage and waggon works.

There are no industries in which the occupation entails especial danger to health.

WEATHER CONDITIONS.

Except perhaps to those who by prolonged residence have become acclimatised, Shrewsbury is a somewhat enervating place due partly to the fact that it is low lying, and its atmosphere being charged with a certain amount of water vapour derived from the river.

Although Shrewsbury does not claim to be a spa or a watering place, its historic and other attractions might be brought more before the public eye if records of sunshine and rainfall were recorded daily in the press as is done by other towns somewhat similar to Shrewsbury. To this end a small meteorological station might be established for the purpose of recording sunshine, rainfall, temperature and pressure of the air and relative humidity.

At present, records of rainfall are only available through the kindness of Dr. Gepp who has supplied them again this year.

But though rainfall records may be interesting and of use, sunshine records would be of greater value to the town as a whole, owing to the enlightenment of the general public nowadays as to the health giving properties of sunlight, so that intending residents or parents choosing a school for their sons, might select this town, if data of climatic conditions were available, and demonstrated as they would, that Shrewsbury has a fair share of sunshine, a moderate rainfall, and is not exposed to climatic extremes.

The beginning of the year saw the Severn in flood, to a height of 15ft. 9 inches above normal. A flood of this degree brings about a condition of much hardship and discomfort to many of the poorer inhabitants whose living rooms are inundated and remain damp for a very considerable period afterwards. As the town grows and develops it may be possible to close some of these susceptible dwellings which cannot be considered to be fit for occupation.

Rainfall at Coton Hill, Shrewsbury.

Month.	Total Fall.	Greatest fall in 24 hours.		Days with ·01 or more.	Days with ·04 or more.
	Inches.	Inches.	Date		
January ...	1.96	.34	1	16	12
February ...	1.60	.67	7	15	10
March ...	0.45	.23	3	7	5
April ...	1.53	.44	16	12	10
May ...	3.36	.90	5	16	12
June ...	1.17	.35	17	11	8
July ...	1.88	.36	28	15	14
August ...	2.00	.81	9	12	10
September ...	1.23	.30	19	15	9
October ...	2.12	.66	8	14	10
November ...	4.39	.62	16	20	16
December ...	0.57	.10	1	10	7
Totals ...	22.26			163	123

The total rainfall during the year was 2.3 inches below the average for the last 15 years.

March and December were the driest months, November and May the wettest ; the number of days on which rain was recorded in the respective quarters being 38, 39, 42, and 44.

POPULATION.

The Registrar General in his estimate of the population of Shrewsbury in 1926 has only made allowance for the natural increase of births over deaths which was 228, which gives a population of 32,760. It is probable that this estimate is approximately correct, as allowance cannot be made for many people who work in the town but live outside the Borough boundaries in houses that are being erected on the periphery.

The following figures indicate the gradual increase of population.

Year.	Population.
1891 ...	26,967
1901 ...	28,395
1911 ...	29,389
1921 ...	31,030
1925 (estimated)	32,530
1926 (estimated)	32,760

VITAL STATISTICS.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1926 AND PREVIOUS YEARS.

YEAR.	Population (estimated) each year.		BIRTHS.			TOTAL DEATHS REGISTERRD IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
				Nett.						Under 1 Year of Age.		At all Ages.	
	Birth Rate.	Death Rate.	Un-corrected Number.	Number.	Rate.	Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District	Number.	Rate per 1,000 Nett Births.	Number.	Rate.
1920	31268	30964	776	778	23.9	405	13.0	81	50	46	65.5	374	12.1
1921	31030		703	664	21.3	423	13.6	98	57	55	82.8	382	12.3
1922	31240		647	611	19.5	436	13.9	87	68	29	47.4	417	13.3
1923	31600		650	627	19.8	469	14.8	103	36	39	62	402	12.7
1924	32360	31660	679	628	19.4	454	14.3	120	42	29	46	376	11.9
1925	32530	31730	628	579	17.8	435	13.7	116	48	45	77.7	367	11.5
1926	32760	31960	657	588	18.2	446	13.9	121	35	37	62.9	360	11.2

Births.

The births notified in the Borough during the year amounted to 657 which include 33 stillbirths.

After allowance has been made for births which took place in Shrewsbury but were assignable to other districts, the net total of 588 remains, compared with 579 the previous year, and giving a birth rate of 18.2 per 1,000 of population, compared with 17.8 last year.

The birth rate of Shrewsbury corresponds very closely with the rest of the country as follows :—

	Birth Rate.
England and Wales ...	17.8
105 Great Towns ...	18.2
158 Smaller Towns ...	17.6
London ...	17.1
SHREWSBURY ...	18.2

The manner in which the notification of births were made is shown in the following table.

Doctor.	Doctor and midwife.	Midwife. or Nurse.	Parent.	Registrar	Total
36	127	469	8	17	657

The 588 live births belonging to Shrewsbury can be analysed as follows :

	Legitimate.	Illegitimate.			Total.
Male	253	24	=	277	588
Female	294	17	=	311	

The illegitimate birth rate is therefore 1.2 per 1,000 population and a percentage of 6.9 of total births.

It will be noticed that there was a greater number of females born than males by 34. Over a period of the six years previous to 1926 there was an excess of 59 males over females born so that the unusual proportion of girls born in 1926 will reduce this excess to 25.

One reason which will explain the undue preponderance of females born alive during the year under review, is revealed by a scrutiny of the stillbirths.

Out of a total of 33 stillbirths, 24 were males and 9 were females. It is beyond our power to explain this phenomenon.

The percentage of stillbirths to total births during 1926 was 5.3, which is double that of last year and is the highest percentage for many years.

There is little doubt that a considerable number of these stillbirths could have been prevented by regular ante-natal supervison.

Abortions and miscarriages which take place before the 6th month of pregnancy may be intentional, accidental or unavoidable in a certain number of cases, but it is a calamity to the prospective mother and a loss to the nation, that the foetus having reached a viable age, is lost at the end of its intra uterine life.

The causes of stillbirth may be due to ill health or disease of the mother, developmental abnormality of the child, injury at birth which includes difficult labour or instrumental delivery, and premature birth which as far as is known at present may be due among other causes to faulty nutrition.

By ante-natal supervision it may be possible to correct states of ill health or disease, to ascertain any disproportion between the size of the foetus and the size of the mother, and so by the adoption of certain means avoid the possibility of a difficult labour or the need for an instrumental delivery.

Some details of these stillbirths obtained by investigation are appended.

1.	Number of cases of Premature stillbirth	10
2.	Instrumental delivery	7
3.	Number of cases in which there had been previous Miscarriages or stillbirths	8
4.	Abnormality of size, position or development of child	7
5.	Illhealth or defective physique of mother	6

Deaths.

It is satisfactory to report that the death rate for 1926 is the lowest ever recorded in Shrewsbury.

There were 446 deaths registered as occurring in the Borough, but after making corrections for deaths of "Non-residents," and inhabitants of Shrewsbury dying elsewhere the net deaths belonging to the town amount to 360, giving a death rate of 11.2 per 1,000 persons, compared with 11.5 in 1925.

The death rates for 1926 of Shrewsbury and the subjoined groups were:

		DEATH RATE 1926.
England and Wales	...	11.6
105 Great Towns	...	11.6
158 Smaller Towns	...	10.6
London	...	11.6
SHREWSBURY	...	11.2

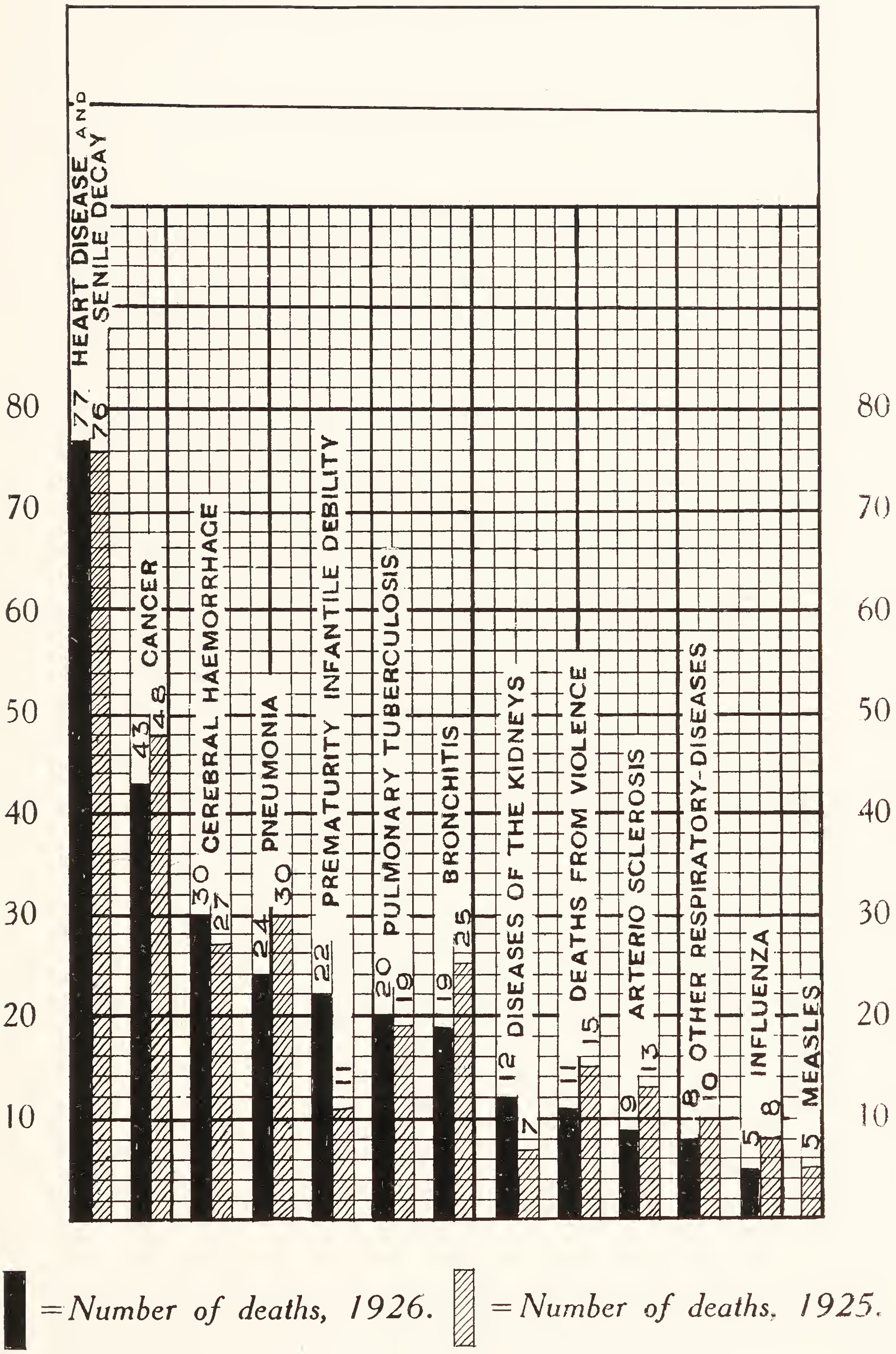
The table of the causes and ages at death and the graphical chart showing the main causes of death, indicate slight variations only, when compared with recent years.

Acute infectious diseases claimed very few victims, there being no deaths at all from Typhoid, Smallpox, Measles, Scarlet fever, only 1 death from Diphtheria and 2 from Whooping Cough.

There were less deaths from Respiratory diseases both among infants and the adult population, in comparison with last year.

MAIN CAUSES OF DEATH, 1926.

(WITH 1925 FOR COMPARISON.)



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Causes of and Ages at Death during the Year 1926.

CAUSES OF DEATH.	Male	Female	Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District. Under 1	1	2	3	4	5	10	15	20	35	45	65 and over.
ALL CAUSES	174	186	37	6	3	3	1	6	4	10	17	24	79	170
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Small-Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	1	1	1	—	1	—	—	—	—	—	—	—	—	—
Diphtheria	—	1	—	—	—	1	—	—	—	—	—	—	—	—
Influenza	2	3	—	—	—	—	—	—	—	—	—	—	3	2
Encephalitis Lethargica ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Meningitis ...	1	—	—	1	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Respiratory System	12	8	—	—	—	—	—	1	1	2	8	4	4	—
Other Tuberculous diseases ...	2	3	—	—	1	—	—	—	—	—	—	1	2	1
Cancer, Malignant disease ...	23	20	—	—	—	—	—	—	—	—	1	4	18	20
Rheumatic Fever	—	1	—	—	—	—	—	1	—	—	—	—	—	—
Diabetes	2	2	—	—	—	—	—	—	—	—	—	1	2	1
Cerebral Haemorrhage, &c. ...	11	19	—	—	—	—	—	1	—	—	—	1	5	23
Heart Disease	40	37	—	—	—	—	—	1	—	—	2	—	15	59
Arterio-sclerosis	4	5	—	—	—	—	—	—	—	—	—	—	2	7
Bronchitis	12	7	3	—	—	—	—	—	—	—	—	1	5	10
Pneumonia (all forms) ...	12	12	6	5	1	1	—	—	—	—	—	1	3	7
Other Respiratory diseases ...	4	4	—	—	—	—	—	—	—	—	—	—	3	5
Ulcer of Stomach or Duodenum	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Diarrhoea, &c. (under 2 years)	2	—	2	—	—	—	—	—	—	—	—	—	—	—
Appendicitis & Typhlitis ...	—	3	—	—	—	1	—	1	—	1	—	—	—	—
Cirrhosis of Liver	1	1	—	—	—	—	—	—	—	—	—	1	1	—
Acute & Chronic Nephritis ...	4	8	—	—	—	—	—	—	—	1	3	2	3	3
Puerperal Sepsis	—	2	—	—	—	—	—	—	—	—	1	1	—	—
Other accidents & diseases of Pregnancy and Parturition	—	1	—	—	—	—	—	—	—	—	—	1	—	—
ongenital Debility and Malformation, Premature Birth	12	10	22	—	—	—	—	—	—	—	—	—	—	—
uicide	—	1	—	—	—	—	—	—	—	—	1	—	—	—
Other Deaths from Violence	7	3	1	—	—	—	—	—	—	—	1	3	2	3
Other Defined Diseases ...	21	34	2	—	—	—	1	1	3	6	—	3	10	29
auses ill-defined or unknown	—	—	—	—	—	—	—	—	—	—	—	—	—	—

INFANT MORTALITY.

There were 37 deaths of infants under one year of age, 23 being male infants and 14 female.

Of these deaths 6 were illegitimate children.

The infantile mortality rate per 1,000 live births is 62.9, compared with 77.7 last year.

The death rate among illegitimate infants was 146 per 1,000 births, in other words more than double the rate for legitimate births, which was 56 per 1,000 legitimate births.

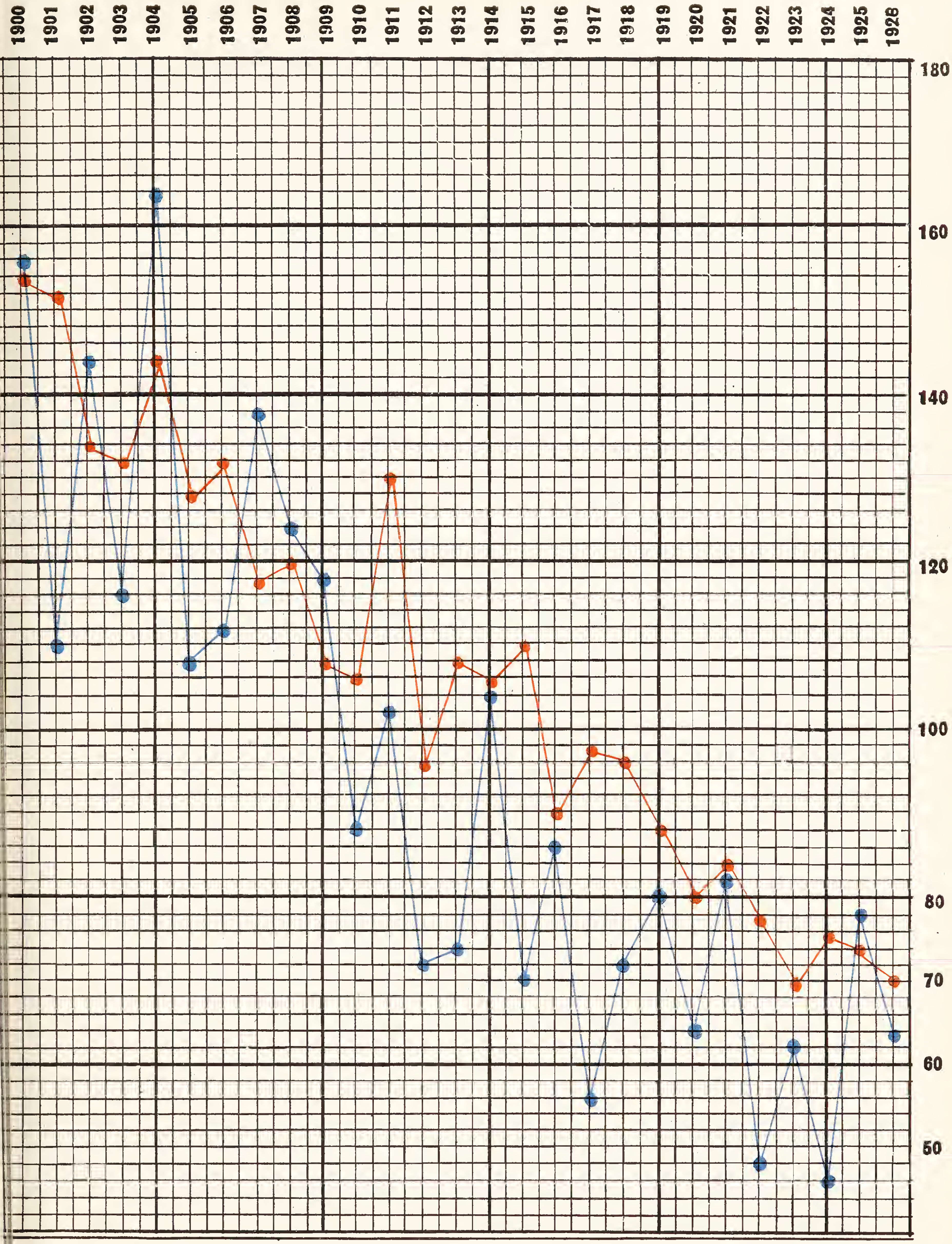
The following table compares the Infant mortality rate of Shrewsbury and the rest of the Country.

England and Wales	...	70.
105 Great Towns	...	73.
158 Smaller Towns	...	67.
London	...	64.
SHREWSBURY	...	63.

The causes of these Infant deaths is given in the table set out below, which deserves a careful study.

It speaks well for the spread of the knowledge of mothercraft and for the various agencies and factors which are contributing towards the better care of infants, that of the 37 infantile deaths, only 13 occurred after the first month of life due to causes not of congenital origin. In other words only 13 infants who were sufficiently virile to survive as separate beings for their first month of life, eventually succumbed to infections, faulty rearing or accidents which probably could have been prevented.

If teaching and help with regard to infant management, which are available to everybody nowadays if they care to accept them, have helped to bring about this low death rate of infants past the neo-natal period, whilst persevering with, and improving on such methods in the future, our efforts will have to be concentrated more and more in combating those causes leading to stillbirths, premature births so often resulting in premature deaths, and neo-natal deaths, if the infantile death rate as a whole is to be reduced to a level somewhere about half the present rate, and there is every reason to believe that this state of affairs can be attained and will be attained in the future.



INFANTILE MORTALITY RATES 1900-1926.

ENGLAND & WALES ————————

SHREWSBURY ————————

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Referring to the causes of infant deaths during 1926 it will be seen that no less than 22 out of the total of 37 deaths were due to congenital causes.

Of these 22 cases, 7 were developmental abnormalities. It would be an extravagant claim to state that even in a Utopian state of health, all these deviations from the normal could be prevented. Freaks and sports there always will be, in the human race, as well as among the flora and fauna of this world.

Premature birth was the cause to which death was attributed in 12 of the 22 cases, and though little is known at present as to why pregnancy should terminate before it ought to do, investigations are tending to show that disease in the mother is not so much the cause as misfunction of the various physiological actions of some of the organs of the body.

With 12 deaths due to premature birth and 2 from congenital debility, together with 33 stillbirths, there was a total loss during 1926 of 47 potential lives from failure to reach maturity, to survive the stresses and strains of labour, or to contend with a fresh environment because of inherent feebleness of constitution.

If conception control (popularly, but wrongly described as Birth control) has come to stay, and leads to a declining or stationary population, maternity and child welfare work in all its branches will be regarded far more than it is at present, which it undoubtedly is, as a work of the first national importance.

Infant Mortality during the Year 1926.

Net Deaths from stated causes at various ages under 1 year of age.

CAUSES OF DEATH.	No.		Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1 month and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under 1 year
Congenital Causes	22	Malformations	1	1	—	—	2	1	—	—	—	3
		Premature Birth ...	10	—	1	1	12	—	—	—	—	12
		Marasmus	—	—	—	1	1	—	—	—	—	1
		Inanition	1	—	—	—	1	—	—	—	—	1
		Heart Disease	1	—	—	—	1	2	—	—	—	3
		Asphyxia Pallida ...	1	—	—	—	1	—	—	—	—	1
		Melaena Neonatorum ...	1	—	—	—	1	—	—	—	—	1
Respiratory Conditions	9	Bronchitis	—	—	—	—	—	—	1	1	1	3
		Pneumonia (all forms) ...	—	—	—	1	1	—	1	1	3	6
Miscellaneous	2	Convulsions	—	—	—	—	—	1	—	—	—	1
		Rickets	—	—	—	—	—	—	1	—	—	1
Gastro-Intestinal Conditions	2	Diarrhoea	—	—	—	—	—	1	1	—	—	2
Infectious Diseases	1	Whooping Cough ...	—	—	—	—	—	—	1	—	—	1
Violence	1	Death from misadventure ...	1	—	—	—	1	—	—	—	—	1
Totals	37		16	1	1	3	21	5	5	2	4	37

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Hospitals provided or subsidised by the Borough or County Council.

Fever. Monkmoor Isolation Hospital with accommodation for 33 beds is maintained by the Shrewsbury and Atcham Joint Hospital Board to serve an area the population of which is approximately 54,000. The hospital is situated 2 miles from Shrewsbury on a site of over 5 acres, which would allow room for expansion. The accommodation is sufficient for ordinary purposes, but insufficient should a serious epidemic arrive.

Smallpox. A small pox hospital containing 6 beds is maintained by the Borough Council at the end of the Underdale Road, Shrewsbury.

In view of the degree of unprotectedness of the population against Small pox, the accommodation would be insufficient to deal with an outbreak of any size. Tentative arrangements, however, have been made to utilise the Isolation Hospital at Monkmoor should the necessity arise. The situation of the hospital is also unsatisfactory, seeing that, among other things, a public footpath adjoins the boundary fence on one side, which is less that 40 feet from one of the wards. Owing to recent housing developments there is approximately a population of 123 within a radius of ¼ mile, and 4,292 within a radius of ½ mile of the hospital respectively.

Tuberculosis. The County Council provide two Sanatoria situated at Prees Heath and at Shirlett, near Much Wenlock, with 11 and 62 beds respectively to which Borough cases are admitted. These Sanatoria are each about fifteen miles distant from Shrewsbury.

Hospital provision for cases of Surgical Tuberculosis is made by the County Council, who maintain beds at the Shropshire Orthopædic Hospital, Park Hall, Oswestry.

Maternity. A small Maternity Home containing 4 beds is maintained by the Victoria Nursing Association at 1, Claremont Bank, Shrewsbury, with whom the Borough have an agreement for the admission of cases recommended by the Medical Officer of Health. A fee of £4 : 4 : 0. per week is paid for each Borough patient. Arrangements have been made, which will come into force in the early part of 1927, for such cases to be admitted to Berrington Hospital near Shrewsbury, a general hospital with Maternity wards, administered by the Atcham Board of Guardians at a cost of £2 : 2 : 0. per week which includes transport by motor ambulance to and from the Hospital.

Children. There is no institution for sick or ailing children provided or subsidised by local authorities in the Borough.

Institutional. **The Shrewsbury (and Shropshire) Refuge and Hostel** is an Institution containing 10 beds maintained by voluntary subscriptions and grants.

Un-married mothers with their babies are admitted from Shrewsbury and elsewhere, some payment being made by those admitted, except in special cases who are received free of charge.

The period of stay varies from one week to one year, mothers with babies, usually remaining for at least 6 months.

Homeless children are received in one of the Poor Law Homes, three of which are situated in the town.

Ambulance Facilities. A motor ambulance belonging to the Salop County Council is hired for the transport of infectious cases to the Isolation Hospital.

The same ambulance is used for non-infectious or accident cases.

A horse drawn ambulance, the property of the Joint Hospital Board is used occasionally for infectious cases, when the motor ambulance is not available.

Clinics and Treatment Centres.

Name of Clinic.	Place at which held.	Day and Time.	By whom provided.
Maternity & Child Welfare Centre.	74, Wyle Cop, Shrewsbury.	Thurs. and Friday 2—4 p.m.	Local Authority.
Ante-Natal Clinic.	Do.	1st & 3rd Wednesdays 3-5 p.m.	,, ,,
School Clinic.	Do.	Daily (Saturdays excepted) 9.15 a.m.	,, ,,
Cripple Care Centre.	V.A.D. Hut, St. Julian's Friars, Shrewsbury.	Wednesday, 10 a.m.	Shropshire Orthopaedic Hospital.
Tuberculosis Dispensary.	17, Belmont, Shrewsbury.	Wednesdays and Saturdays 2 p.m.	Salop County Council.
Venereal Disease Clinic.	1, Belmont, Shrewsbury.	Wednesdays for women 2—4 p.m. Tuesdays and Fridays for men 6—8 p.m.	,, ,,

Professional Nursing in the Home.

(*a*) General: The local branch of the Victoria District Nursing Association carries out nearly the whole of the professional nursing amongst the working classes, 2 nurses being employed.

(*b*) For Infectious Diseases, e.g. Measles, etc. :— Work of this nature is carried out by the two Health Visitors and the School Nurse, if and when occasions arise.

Midwives. The Salop County Council is the supervising authority of midwives, 22 of whom are resident and practise within the Borough. None are employed or subsidized by the Borough Council.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply. Improved supply and extensions of supply have taken place during the year as follows :—

Castle Foregate. Larger mains have been laid between the Railway Station and Factory Bridge, which will improve the water supply to the whole of the Castle Foregate and Castle Fields districts.

Woodfield, Raby, and Racecourse Estates. Extensions of mains have been laid on to the above estates as required for building developments.

Kingsland. New mains have been laid from Coleham to Port Hill Road to meet the rapidly increasing demand in the Kingsland and adjoining high level district.

New Automatic Turbine Pumping sets with a total capacity of 700 gallons per minute have been erected under the Tower Service Reservoir for the same purpose.

Chemical Analysis of Water.

Chemical Analysis of the drinking (conduit) water and the river water were made and show the following results.

	Drinking water.	Tap water. (Filtered and Chlorinated).
Reaction ...	Alkaline.	——
Free and Saline Ammonia ...	Nil.	Trace.
Albuminoid Ammonia	0.004 parts per 100,000.	0.006 parts per 100,000
Chlorine in Chlorides ...	2.450 ,, ,,	1.750 ,, ,, ,,
Nitrogen in Nitrates and Nitrites	0.385 ,, ,,	Trace.

Oxygen absorbed from Permanganate		0.016 ,, ,,	0.124 ,, ,, ,,
Total solids at 100° C. ...		43.	14.
Hardness	Temporary	12.0	0.7
	Permanent	17.7	6.4
	Total	29.7	7.1
Poisonous Metals		Nil.	Nil.
Appearance		Bright. Many small particles.	Very slightly opalescent. Many small particles.
Analyst's Conclusions		" A satisfactory potable water."	" Satisfactory."

Bacteriological Analysis of Water.

		Drinking water.	Tap water. (Filtered and Chlorinated).
Number of colonies growing on Rebipelagar at 37° C. in 2 days.		1	12
Number of colonies growing on Agar-Agar at 37° C. in 2 days.		12	50
Number of colonies growing on Nutrient Jelly at 20° C. in 3 days.		30	240
MacConkey's Test.	100 c.c.	Acid and gas.	Acid and gas.
	50 c.c.	Acid. No gas.	Acid and gas.
	1 c.c.	No acid or gas.	Acid. No gas.
Typical B. Coli.		Absent in 100 c.c.	Present in 100 c.c.
Analyst's Comments.		Quite satisfactory.	Not quite satisfactory as a drinking water as it contained too many bacteria and also positive indication of coliform organisms in 100 c.c.

The result of the bacteriological analysis of the sample of river water was rather unexpected and difficult to explain, unless it so happened that at the time the sample was taken from an ordinary tap in November, the filters, having to cope with much suspended matter, which is to be expected at this time of year, required cleaning out, as the evidence points to the fact that a considerable number of organisms were getting through, most of which, however, were killed by the chlorination process.

Consequently further samples were submitted of (*a*) River water after filtration only (*b*) River water after filtration and chlorination, with the following results.

	River Water. Filtered.	River Water. Filtered and Chlorinated.
Organisms per c.c. at 37° C.	126	7
Organisms per c.c. at 20° C.	827	8
Organisms indicative of sewage-contamination.	Absent in 100 c.c.	Absent in 100 c.c.

The bacteriologist states "I think it will be seen that the chlorination process is necessary and efficient."

Drainage and Sewerage and Closet Accommodation.

There is practically a complete system of water carriage sewage disposal in the Borough, and provision, though inadequate in some of the poorer quarters, of water closets. The only situations where earth closets or cesspools are in existence, are those in which it is impracticable to connect up the houses to the sewers.

During the year 800 yards of sewers have been laid on the Racecourse site in connection with the Housing Scheme there ; and 500 yards of sewers have been laid on the Port Hill district in connection with the development of Woodfield Road.

Scavenging. The important and almost primary necessity of scavenging can be considered under three headings (1) Street cleansing, (2) Refuse collection, (3) Refuse disposal.

Petitions from groups of ratepayers and individual complaints have been received on several occasions during the year as to nuisances in respect of this necessary but unpleasant branch of sanitary service.

Shrewsbury is justly proud of its antiquity and picturesqueness, but there is no reason why the town should be old in its methods of sanitation.

The present methods are archaic, slow, inefficient and comparatively costly.

Street Cleansing. It is a continuous and difficult task to keep the streets as clean as is desirable, owing to the large amount of animal excreta spread over their surface by the numerous cattle passing through the town.

However, seeing that practically all the main streets now have a waterproof surface, it ought to be practicable to make a greater use of the hosepipe in the early mornings to swill off the accumulated debris of the previous day.

Water for this purpose is plentiful and the resources of the Sewage Farm need not be strained, if one or more streets only were regularly treated in turn each day.

Water carts which operate during the summer months primarily for the purpose of allaying dust would not be needed, if the dust were adequately removed by regular street washing. This would not only be an economy, but it would help to reduce traffic blocks, seeing that the funereal progress of a water cart is often a source of obstruction in our narrow streets.

The practice of sweeping the pavements opposite shop fronts is carried out far too universally during the time that most people are walking to their business in the morning, and is productive of much nuisance and annoyance.

It is desirable that a bye-law should be made to make it compulsory that no regular pavement sweeping should take place after 9 a.m. or some such time as is reasonable and which will ensure that the inhabitants of the town may proceed to their respective work without unnecessary inhalation of dust.

Refuse Collection. Considerable economy and abatement of existing nuisance could be obtained by the substitution of dust carts constructed on modern lines with a low body and an efficient cover, which, when full, could be attached to a motor vehicle for rapid transport to the place of disposal.

The method in use at present is slow and costly, and owing to the height of the carts, difficulty is encountered in emptying a refuse receptacle without at the same time creating a cloud of dust which falls on passers by.

Improvised canvas covers have been fitted to these old carts to minimise any nuisance as much as possible.

Refuse Disposal. Experience of other towns of comparable size has shown that (1) a refuse destructor, though efficient for its purpose, is not an entire solution of the refuse disposal problem and (2) that a refuse tip which is properly supervised and managed, is economical and unproductive of serious nuisance.

All Corporation refuse tips have been systematically treated with poison baits to exterminate rats throughout the year, and have been kept in an improved manner to lessen the breeding of flies by the application of larger amounts of soil for covering up purposes.

Much more, however, remains to be done and it would lead to improved health conditions, besides giving satisfaction to those ratepayers more directly concerned, if the Corporation would appoint an energetic and intelligent young man to act as Supervisor of Refuse Tips as his sole work, much in the same way that one man is responsible for the cleansing and disinfection of public urinals and lavatories.

Sanitary Inspection of the Area.

The following is a summary of the work carried out by the Sanitary Inspectors during the year :—

1.	Total number of inspections and visits made in connection with all branches of their work ...	10,050
2.	Houses disinfected	172
3.	Complaints received and dealt with	253
4.	Informal Notices served	442
5.	Legal notices served	75
6.	Number of notices complied with	405
7.	Proceedings before Magistrates	2

Again it is satisfactory to note the high proportion of notices served which were complied with, no less than 405 out of a total of 442 being dealt with before the close of the year, and proceedings before the Magistrates being necessary in 2 cases only.

A tabulation of the particulars of the sanitary defects referred to in the above notices is as follows :—

Details of Sanitary Defects dealt with as a result of routine Inspection or Complaint.

	1926.
Inadequate sanitary accommodation	7
Drains and closets choked or otherwise defective ...	352
Drains defective and requiring reconstruction	103
Defective roofs. eaves gutters and pipes	488
,, plaster, dirty walls and ceilings	197
,, paving of floors	217
,, ,, ,, yards	176
No scullery sinks	116
No proper refuse receptacles	115
Animals improperly kept	10
Accumulations of refuse	79
River pollution	2
Food pantries	268
Light and ventilation	78
Defective water supply	16
Other defects	196
Total ...	2420

The policy of the Health Committee decided upon at the beginning of the year has been carried out as the above figures show when compared with those for the year 1925.

It was decided owing to the shortage of houses, overcrowding, and the bad condition of many old houses in the Borough to concentrate on having such houses put into a reasonable state of repair, to make them weatherproof, and see that they were provided with sinks and larders.

Consequently district surveys for the purpose of examining drainage alone, or for the provision of refuse receptacles have been discontinued temporarily, to leave time for the more urgent and important work of making unfit houses less unfit until they can be closed permanently.

SANITARY INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

1. Factories, Workshops and Workplaces, etc.

Premises.	Number of Inspections.	Written Notices.	Prosecutions.
FACTORIES (including Factory Laundries)	44	2	Nil.
WORKSHOPS (including Workshop Laundries)	56	4	Nil.
WORKPLACES	27	—	Nil.
Total	127	6	Nil.

2. Defects Found in Factories, Workshops and Workplaces.

Particulars.	Found.	Remedied.	Referred to H.M. Inspector.	Number of Prosecutions.
Nuisances under the Public Health Acts :—				
Want of Cleanliness	9	9	—	—
Want of Ventilation	2	2	—	—
Overcrowding	1	1	—	—
Want of Drainage of floors	—	—	—	—
Other Nuisances	8	8	—	—
Sanitary Accommodation { insufficient ...	—	—	—	—
unsuitable or defective	3	3	—	—
not separate for sexes ...	—	—	—	—
Offences under the Factory and Workshop Act :—				
Illegal occupation of underground Bakehouse (Sec. 101)	—	—	—	—
Breach of Special Sanitary requirements for Bakehouses (Secs. 97—100) ...	11	11	—	—
Other Offences	—	—	—	—
Total ...	34	34	—	—

3. Home Work.

OUTWORKERS' LISTS, Sec. 107.

Nature of Work.	Lists. (Sent twice a year).	Outworkers.	
		Contractors.	Workmen.
Wearing apparel :—			
(1) Making	5	—	10
(2) Cleaning and washing ...	—	—	—
Nets other than wire nets ...	—	—	—
Furniture and upholstery	2	—	2
Total ...	7	—	12

There were no failures to send lists of outworkers, nor were there any infringements of the Act.

4. The Registered Workshops in the District are as follows :—

Bakehouses	7	Domestic Workshops ...	27
Brewers	6	Milliners	16
Cabinet Makers ...	11	Sundry Trades	143
Dressmakers	18	Tailors	17

5. Other Matters.

Class.		Number.
Matters Notified to H.M. Inspector of Factories ...		—
Failure to fix Abstract of the Factory and Workshop Act (Sec. 133)		—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (Sec.5)	Notified by H.M. Inspector	8
	Reports (of action taken) sent to H.M. Inspector	—
Underground Bakehouses (Sec. 101) :—		
Certificates granted during the year		nil.
In use at the end of the year		nil.

Smoke Abatement.

To-day we look back with a feeling of mingled disgust and surprise, upon the indifference of our forefathers to the first principles of hygiene and sanitation, and it will not be many years hence that we shall similarly regard the present pollution of the atmosphere by smoke and soot as a blot that ought to have been removed much more expeditiously.

Attention is rightly focussed on clean food, pure water, and the construction of new houses adequately ventilated and constructed to admit as much sunlight as possible, but it is a difficult task to educate the masses to cultivate the open window habit if by so doing, smoke and dust laden air are admitted into the rooms to soil the furnishings and create more work for the housewife.

The degree of atmospheric pollution varies in different towns, and it cannot be stated that in Shrewsbury the degree is a very bad one. Smoke pollution arises from industrial chimneys and domestic chimneys, the combined effect of the latter producing more than half the smoke in a large industrial town. In Shrewsbury the domestic chimney is the chief offender and probably accounts for more than 75% of the total pollution. There are at least 25,000 chimney pots in the town, although fortunately only about one fifth of this number are emitting smoke more or less constantly at least during one half of the year. On the other hand there are approximately a dozen works chimneys which belch forth large quantities of smoke at intermittent periods, including three under the control of the Corporation.

The effect of these constant but varying emissions is not so much noticed by those living in the town itself, as it is when Shrewsbury is viewed from a distance. Owing to the fact that the town is comparatively low lying, the smoke is not readily blown away except by very strong winds. It tends to hang and remain as a mantle enshrouding the town which appears as a sort of blur amid the surrounding pasture land.

Smokeless fuel is not sufficiently cheap or plentiful as yet, and until such a product arrives, which it no doubt will, as a result of research and the pressure of enlightened public opinion, the pollution will continue, but in lessened amount owing to alternative methods of heat and power production by means of gas and electricity, which are being more and more widely used.

The total number of Gas Fires in use in Shrewsbury at present is 2865 and the number of Gas Cookers 5623. As the number of inhabited houses is approximately 7000, it will be seen to what extent cooking by gas is helping to reduce the smoke evil, which is also borne out by the consumption of gas for cooking, warming, water heating, as well as for lighting, which has increased as follows.

YEAR.	CUBIC FEET OF GAS CONSUMED PER ANNUM.
1911	187 million.
1916	200 ,,
1921	226 ,,
1926	278 ,,

For the year 1926 allowance must be made for the increased gas consumption above the normal, owing to the coal strike.

In looking ahead to the future one is apt to wonder whether the " all gas " or the " all electric " house will be instituted universally. The answer is probably in the negative for reasons of practical nature.

Some people consider gas fires unhealthy ; some of the older types which emitted fumes into the room were, but the modern gas fire with an efficient flue, together with a separate flue for extracting air from the room cannot be said to be injurious to health. The only harm in this type of fire lies in the method of fitting it to an ordinary fireplace, which generally results in the back of the fireplace being sheeted or tiled in purely for the sake of appearance, reliance for ventilation being placed on the outlet flue already mentioned.

The size of this flue by itself is not sufficient to extract foul air in sufficient quantity from a room to ventilate it adequately. The same remarks apply to rooms fitted with an electric heater without a fireplace at all, which have been constructed by some local authorities.

Ventilation is necessary not only for comfort, but also as a safeguard against the contraction of many communicable diseases spread by spray infection from the mouth or nose, and it can be obtained without chilling draughts, even with all windows shut, if there is a good chimney place, up which air is aspirated by the pull caused by wind blowing across its free opening—the chimney pot. The ventilation is still more efficient if a fire is burning in the grate, creating a current of hot air which rises and draws air from the room with it, especially if fresh air from outside is admitted through an opened window. It has been calculated that with a good fire burning the average chimney may circulate 20,000 cubic feet of air an hour.

It would seem therefore that for health purposes we ought to retain our chimney ventilating shafts, in every room, bedrooms especially, with a good outlet opening in the room itself, but whether a gas fire is used or other fuel of a smokeless nature is devised and utilised may be a matter of choice.

If smokeless coal is not an economical proposition, another alternative is to alter the grates to suit the fuel. Vertical dry coke, a smokeless fuel can be burnt quite well in certain grates, with a large output of heat, but it would be more satisfactory still if the gas manufacturers could produce it with improved combustible properties by extracting a lesser proportion of bye-products.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS.

Common Lodging Houses. The two registered Common Lodging Houses in the Borough, controlled by Bye-laws and kept under constant supervision were properly conducted during the year.

Houses Let in Lodgings. For nearly twenty years, mention has been made in successive Health reports of the need for bye-laws applicable to Houses let in lodgings.

The need for such bye-laws is more pressing to-day than it was twenty years ago, owing to the shortage of houses and the consequent increase in the number of houses originally intended for one family, but now accommodating two, three or four families.

Offensive Trades. Six different types of offensive trade are carried on in the Borough and the following number of premises in the different trades are registered :—

Fried Fish Shops ...	15	Fellmongers	1
Rag and Bone Dealers ...	3	Tanners	1
Tripe Boilers and Gut Scrapers	2	Curriers and Leather Dressers	1

All these businesses were conducted satisfactorily and no need for action arose during the year.

Cowkeepers and Milksellers. The number of Cowkeepers and Milksellers registered in the Borough is 96.

These consist of 27 premises where cows are kept and from which milk is retailed ; 30 milkshops from which milk is retailed but no cows kept, and 39 retailers whose premises are outside the Borough.

This is a new register compiled for the purpose of the Milk and Dairies Order 1926 and a copy of it has been sent to the County Council as laid down in the Order.

Inspection of cowsheds, premises and shops from which milk is retailed were made, the work being summarised in the accompanying table :—

Number of Inspections during the year ...	71
Notices verbal or written	31
Defects referred to	37
Notices complied with	27
Proceedings before Magistrates	Nil.

Canal Boats. No boats were inspected during the year.

No boats are registered in the Borough.

Shops Acts. The provisions of these Acts may be said to be generally very well observed in the Borough.

The interval for meals, hours of employment, seats for female assistants and the closing for a weekly half holiday are all such as required by the Acts and no serious infringements have been complained of or found during the year.

The hours of closing in the evening so far as the establishments in the main streets are concerned are well observed. In the side streets and outlying districts where small general shops are found dealing with various commodities such as grocery and drapery stores, sweets, fruit, tobacco, ice cream, table waters, etc., the varied hours allowed makes the position difficult for the trader and for supervision.

Rag Flock Act. The provisions of this Act were properly observed throughout the year.

HOUSING.

Building progress continues, and it is gratifying to note that a greater number of houses were completed during 1926 than in any other year since the outbreak of the Great War.

The total number erected, and the word erected, implies the issue of a completion certificate, was 198 made up as follows.

By Local Authority	With State Assistance	90
By Private Enterprise	under the Housing Acts	76
By Private Enterprise alone	... ...	32
	Total ...	198

Since the termination of the war up to the end of the year 1926, approximately 760 new houses have been built in Shrewsbury, and of this number 618 are houses built by the Local Authority or by Private Enterprise with the grant of a subsidy, which houses may be classed as houses suitable for occupation by the working classes.

Two housing schemes by the Local Authority, one of them initiated at the end of the year have already been commenced, are due for completion during 1927, and will provide a further 101 houses on the Racecourse site.

The work of the Housing Selection Sub-Committee is one of some difficulty which is not realised by members of the Council who do not sit on that Committee, or by the general public and especially those members of the public who are applicants for a Council House.

It is a matter of careful discrimination to select the most deserving cases out of a host of applications and at the same time to ensure that the rent can be paid.

Preference is given to those with large families containing young children, those who are cooped up in lodgings in one room perhaps, and those who are suffering from or have suffered from Tuberculosis and would benefit by being re-housed.

On the whole the tenants selected have responded to the chance given them by their improved environment, though as is only to be expected there have been one or two black sheep.

The practice of taking in lodgers which is forbidden and is one of the restrictions imposed on selected tenants, is tending to become widespread.

A survey of the Sultan Road Housing Estate was made, and it was discovered that out of the 70 houses, 17 or 24% contained lodgers or relatives. In some of these houses there was dangerous overcrowding. The reasons for taking in lodgers in many instances were attributable to the industrial situation, lodgers being taken in to eke out unemployment benefit or reduced income.

In other cases the addition of one or two persons to the house population did not entail undesirable overcrowding. It was decided, however, that all tenants should be warned as to their agreement, and that in future an application to the Housing Committee should be made if a tenant desired to have lodgers, each application to be given reasonable consideration for approval or disapproval.

HOUSING STATISTICS FOR THE YEAR 1926.

Number of new houses erected during the year :—	
(*a*) Total (including numbers given under (*b*) ...	198
(*b*) With state assistance under the Housing Acts :—	
(i) By the Local Authority	90
(ii) By other bodies or persons	76

1. **Unfit dwelling houses.**

INSPECTION.	(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) ...	827
	(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations 1910, or the Housing Consolidated Regulations 1925	Nil.
	(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil.
	(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	688

2. **Remedy of Defects without Service of Formal Notices.**

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	651

3. **Action Under Statutory Powers.**

A. Proceedings under Sec. 3 of the Housing Act 1925.	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	Nil.
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(*a*) By owners	Nil.
(*b*) By Local Authority in default of owners	Nil.
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	Nil.
B. Proceedings under Public Health Acts.	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	75
(2) Number of dwelling houses in which notices were remedied after service of formal notices :	
(*a*) By owners	75
(*b*) By Local Authority in default of owners	Nil.
C. Proceedings under sections 11, 14 and 15, of the Housing Act 1925.	
(1) Number of representations made with a view to the making of Closing Orders	1
(2) Number of dwelling houses in respect of which Closing Orders were made	2
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling house having been rendered fit ...	Nil.
(4) Number of dwelling houses in respect of which Demolition Orders were made ...	Nil.
(5) Number of dwelling houses demolished in pursuance of Demolition Orders	Nil.

Closure of Houses Unfit for Human Habitation.

Very little work has been done in this respect, owing to the fact that alternative housing accommodation was not available in sufficient quantity.

Of the 2 houses closed during the year, one was represented for closure during 1925, but the owner appealed and as a result a Ministry of Health enquiry was held.

The enquiry proved unfavourable to the owner, the appeal being dismissed and the house closed.

Resulting from negotiations between the Health department and the owners concerned, 4 other houses were closed voluntarily.

INSPECTION and SUPERVISION of FOOD.

To promote good health, happiness and freedom from disease, right food is one of the great essentials of healthy living.

Right food does not only imply clean or uncontaminated food the preparation or sale of which is under inspection and superision. Inspected food that is passed as wholesome and fit for consumption does not possess a guarantee that it is necessarily the most suitable from a nutritive point of view, but it is a necessary link in a chain containing among other links, that of education in food values, which points out what foods form the ideal fuel for the human engine.

To take one example of a foodstuff that was analysed during the year, namely Custard powder. This sample described as genuine and of good quality was found to consist of maize starch coloured with an aniline dye. Many people, deluded by misleading advertisements, imagine that custard prepared with such a powder is an excellent foodstuff, whereas, especially if water instead of milk is used in its preparation, its nutritive value is insignificant.

It is not sufficient therefore to be content that an article of food is described as genuine and unadulterated, but its true composition whether fresh or sophisticated by manufacturing processes should be taken into account.

Milk Supply. Pure milk being a perfect food in itself for all classes and ages of the community, it is one of the most valuable branches of Public Health work, to supervise the production of clean milk of standard quality in order by propaganda methods to popularise and attempt to increase the consumption of it. The general public and especially mothers of infants and young children have an instinctive feeling that fresh cow's milk is preferable to patent tinned foods, and yet in many cases they hesitate to make use of it for fear of infection being transmitted, because it may contain cow dung, or be adulterated.

On the other hand, there are others so ignorant of its food value for older children, that at a very early age they are given tea with a little milk in it, instead of milk with a little tea (if any) in it.

And there are yet others who will complacently consume milk that is obviously dirty, without complaining to the Health department, and yet if there were the slightest trace of sediment in their water supply, the outcry would be instantaneous !

Efforts to safeguard the milk supply of the town are undertaken in three main directions, (1) Analyses for dirt, (2) Destruction of Tuberculous cows under the Tuberculosis Order of 1925, (3) Analyses to detect adulteration.

A campaign for cleaner milk has been started during the year with special regard to milk produced within the Borough boundaries. Visits have been paid systematically to the various milk producers to demonstrate to them by means of a sediment tester, the cleanliness or otherwise of the milk they are producing and also the fact that the contamination of the whole milk supply of a farm may be due to faulty methods of one individual milker.

The results have varied. Some specimens show a high pollution with cow dung, hairs and dirt from the flanks of the cow which have dropped or been brushed into the milk by careless handling. In others, reasonably clean specimens have been obtained. The cowkeepers themselves are surprised at the demonstration, and it has without doubt caused many to be more careful.

If no improvement has taken place after further tests, the cowkeeper is warned that his milk will be sampled and analysed for dirt and that he runs the risk of prosecution, if the result of the analysis is unfavourable.

The accepted limit for dirt in milk is 2 parts per 100,000.

On three occasions has this limit been exceeded in samples taken for analysis.

In two of the samples there were 5 parts per 100,000 in each case, but no legal action was taken on account of the fact that the analyst could not be certain that there might not be an error of 1 or 2 parts owing to the small size of the sample.

Proceedings were instituted against a milkseller, a sample of whose milk on analysis showed 40 parts per 100,000, a certain proportion of which was cow dung. This retailer pleaded a warranty defence. A summons was then issued against the wholesaler who supplied the milk, but the case against him was dismissed by the magistrates.

Two cows suffering from Tuberculosis, were slaughtered under the Tuberculosis Order 1925, with compensation to the owners.

No samples of milk were bacteriologically examined for the presence of Tubercle bacilli during the year, and round about, though this practice is, the detection of infected milk produced in the Borough would enable the Tuberculosis Order to be operated more frequently to the benefit of the farmer's contact cattle and the community in general.

Analyses to determine the chemical standard of the milk supplied in the town were carried out on 65 samples, 54 of which were formal samples and 11 informal.

Three of these samples were adulterated and below the statutory limit. Action was taken in one of the cases, in which there was a deficiency of 23% of fat, a fine of 40/- and costs being imposed.

One of the other cases in which there was a deficiency of 16% of fat was a somewhat unusual case.

This cowkeeper only kept 3 cows, and the analysis showed the sample to be deficient of 16% of fat. Informal samples of milk were then taken from each of these cows, and it was found that there was a deficiency of fat in the milk of all of them. As the cows appeared to be in poor condition and one of them had a cough, the veterinary surgeon was called in to examine them to ascertain if any of them were Tubercular. The examination did not confirm this suspicion. Later informal samples showed the fat to be normal but the non-fatty solids were below the legal limit. The conclusion arrived at was that the cows were old, in poor condition and badly fed.

As there was no adulteration, no action could be taken in the present state of the law.

The result is that, potentially at any rate, a man in a small way of business with a few cows worn out by lactation, and poorly or wrongly fed, is allowed to sell milk which may virtually be little better than skimmed milk!

It matters little if in a large herd, the milk of one or two cows is of poor quality, because it is mixed with a larger bulk of richer milk, but in such a case as cited above, the milk remains poor if the owner cannot afford to buy fresh stock or to provide adequate rations.

No licences have been granted for the sale of milk under special designations, and no certified or other grade milks are on sale in the town.

Meat. With the exception of two small private slaughterhouses all slaughtering is carried on at the Public Abattoir under the direct supervision of the whole time superintendent who is a qualified Meat Inspector and inspects all slaughtered animals.

This constant supervision by an expert ensures uniformity of slaughtering methods and prevents cruelty to animals.

Cattle are slaughtered by being shot, large calves by a captive bolt, and sheep and pigs by throat cutting.

Experiments conducted during the year have demonstrated that complete unconsciousness as evidenced by loss of the corneal reflex, occurs within 15 seconds after the cutting of the throat in pigs and sheep, and a state of semi-consciousness with consequent loss of acute sensation must set in some 5 seconds after severance of the main blood vessels in the neck.

The work carried out at the Abattoir during the year was as follows :—

Public Abattoir.

Animals slaughtered.

Beasts	2,547
Calves	1,503
Sheep and lambs	12,165
Pigs	5,786
Total ...	22,001

The following casualty carcases were also brought in for inspection.

Beasts	28
Calves	20
Sheep and lambs	147
Pigs	60
Total ...	255

Diseased and unsound conditions found in the animals dealt with, caused the detention and surrender for destruction of a total weight in carcases and offal of 11 tons 4 cwt. details of which are given in the following table.

		Carcases.	Offals.	Totals in lbs.
Beef	lbs.	10475	3568	14043
Veal	,,	974	60	1034
Mutton and lamb	,,	1943	546	2489
Pork	,,	6045	1490	7535

Particulars of the diseased conditions found are set out in the following table :—

Disease.		Cattle.	Calves.	Sheep & Lambs.	Pigs.
Tuberculosis	Localised ...	22	—	—	138
	Generalised	6	—	—	14
Swine Erysipelas ...		—	—	—	8
Hydræmia ...		—	—	9	—
Uræmia ...		2	1	—	—
Sepsis ...		3	3	3	5
Black Quarter ...		5	3	—	—
Emaciation ...		—	—	6	—
Pyæmia ...		1	1	4	—
Septic Mastitis ...		1	—	—	—
Sarcomatosis ...		1	—	—	—
Tetanus ...		1	—	—	—
Miscellaneous conditions ...		2	6	24	6

Tuberculosis is the commonest cause of disease, 2.6% of pigs slaughtered and 1.1% of cattle, showing evidence of infection.

Mention was made in the section of this report dealing with the milk supply, of the benefit to the farmer's contact cattle and the general community that would occur as the result of the detection of Tubercle bacilli by examination of milk samples. This double sided benefit is also effected in another way by the vigilance and thoroughness of the Abattoir Superintendent, who on discovering Tubercular pigs who have presumably become diseased through drinking infected whey or milk, reports the fact to the farmer who to save further losses among his pigs, can attempt to track down the cow or cows belonging to him, who are yielding Tuberculous milk.

Other foods. Shops where food is sold or premises in which food is prepared for sale are visited regularly and notices drawing attention to defects have been served.

Attention was paid to places where ice cream was made, during the summer months.

The following foodstuffs were surrendered voluntarily as unfit for human consumption and were destroyed, 16¼ lbs. of smoked bacon and 18 lbs. of corned beef.

Nine and a half pounds of butter which was stale, rancid and permeated with green mould, exposed for sale in the General Market, were seized as unfit for human consumption. The vendor was fined £5.

Sale of Food and Drugs Acts.

The table shown below gives the number of samples of different foodstuffs submitted for analysis, the result of the analysis, and action taken.

Article.	Number of samples.		Result of Analysis.	Remarks.
	Formal.	Informal.		
New Milk	54	11	Formal { 50 genuine. 4 not genuine.	(1) Deficient of 23% of fat. Fined 40/- and costs. (2) Dirt 40 parts per 100,000 Pleaded warranty. Case dismissed. (3) 3% below limit in fat. Re-sampled and found genuine. (4) Deficient of 16% of fat. (see below).
			Informal { 5 genuine. 6 below standard.	The 6 samples below standard were taken as a result of the analysis of (4) above. Low standard not due to adulteration, but to bad condition of cows.
Butter	6	—	5 genuine. 1 adulterated.	No action taken, as vendor who was warned was fined for exposing unsound butter for sale on the same day.
Cream	2	5	Genuine.	
Preserved cream	1	2	,,	
Jam	1	—	,,	
Sausage	—	1	,,	Boric Acid 21.2 grains per lb. present.
Brawn	—	1	,,	Boric Acid 18 grains per lb. present.
Custard Powder	—	1	,,	Consisted of maize starch and an aniline dye.
Apples	—	8	,,	4 samples contained following amounts of arsenic per lb. (1) 1/250 grain. (2) 1/140 ,, (3) 1/300 ,, (4) 1/300 ,, No action taken.
Mincemeat	—	2	,,	
Iodised salt	—	1	,,	Iodine as Sodium Iodide = 2.5 parts per million. Magnesium Carbonate 0.7%
Totals	64	32		

No action was taken under the Public Health (Dried Milk) Regulations, 1923.

The appended report shows that all samples taken under the Public Health (Milk and Cream) Regulations, 1912 and 1917 were genuine.

PUBLIC HEALTH (MILK and CREAM) REGULATIONS, 1912 and 1917.

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1926.

1. **Milk and Cream not sold as Preserved Cream.**

	Number of Samples examined for the presence of a preservative.	Number in which preservative was reported to be present, and percentage of preservative found in each sample.
Milk	65	Nil.
Cream ...	7	Nil.

2. **Cream sold as Preserved Cream.**

(*a*) Instances in which the samples have been submitted for analysis to ascertain if the statements on the label as to preservative were correct.

(i)	Correct statements made ...	3
(ii)	Statements incorrect	Nil.
	Total ...	3

(iii)	Percentage of preservative found in each sample	(1) 0.30 (2) 0.40 (3) 0.15	Boric Acid.
	Percentage stated on statutory label	0.40	Boric Acid.

(*b*) Determinations made of milk fat in cream sold as preserved cream.

(i)	Above 35%	3
(ii)	Below 35%	Nil.
	Total	3

(*c*) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed.—None.

(*d*) Particulars of each case in which the Regulations have not been complied with, and action taken.—None.

3. **Thickening Substances.**

Any evidence of their addition to cream or preserved cream.—None.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES.

Monthly Incidence of Infectious Diseases Notified 1926.
(Not including Tuberculosis).

Month.	Cerebro-Spinal Fever.	Diphtheria.	Erysipelas.	Ophthalmia Neonatorum.	Pueumonia.		Puerperal Fever.	Puerperal Pyrexia.	Scarlet Fever.
					Primary.	Influenzal.			
Jan. ...	—	—	1	—	4	—	1	—	6
Feb. ...	—	—	—	—	3	—	—	—	4
March	2	—	—	1	1	—	—	—	1
April	—	—	—	1	—	—	—	—	4
May ...	—	—	—	—	1	—	—	—	12
June ...	—	2	—	—	1	—	—	—	14
July ...	—	1	—	1	—	—	—	—	16
Aug. ...	—	1	1	1	—	—	1	—	14
Sept. ...	—	—	1	—	—	—	—	—	25
Oct. ...	—	1	1	—	—	—	1	1	11
Nov. ...	—	—	—	—	—	—	—	—	10
Dec. ...	—	3	2	—	—	—	—	1	7
Totals	2	8	6	4	10	—	3	2	124

There were no cases notified of the following notifiable infectious diseases: Smallpox, Typhoid fever, Acute Poliomyelitis, Malaria, Dysentery, Trench fever, Encephalitis Lethargica.

There were no outbreaks of disease in epidemic proportions during the year.

Scarlet fever notifications showed an increase over the last few years, a rather extraordinary feature being that main incidence occurred during the summer months.

Of the 124 notifications, no less than 40 were notified by your Medical Officer of Health or else in his capacity as School Medical Officer. These cases most of which would otherwise have been missed owing to the mild type of the disease, were diagnosed, as a result of visits paid by him to certain homes on the receipt of suspicious information, or were discovered by examination at the School Clinic. Some were in the late stages of the disease, others were thought by the parents to have German Measles or other conditions.

The type of disease has again been extraordinarily mild and and no deaths have occurred.

Two cases of Cerebro Spinal Fever between whom a definite connection was established after investigation, occurred in March—a period of the year in which this disease often appears. One of the cases died.

A child of 2 years 10 months was admitted to the Royal Salop Infirmary on February 11th with a diagnosis of Tubercular Meningitis.

Examination of the cerebro-spinal fluid in London revealed no organisms.

On March 4th the diagnosis of Tubercular Meningitis was withdrawn and the case was notified as one of Cerebro-Spinal Meningitis.

On February 10th the day before this child was removed to Hospital, a friend who lived in another street 100 yards away and who had a baby who had been ailing for one or two months called at the house to see the sick child together with a sister of hers who lived elsewhere. This sister also called on other occasions and also visited her sister's ailing baby.

On February 18th this baby became seriously ill and was thought to have Pneumonia, but on March 2nd was notified as Cerebro-Spinal Meningitis and removed to Hospital. Examination of the cerebro-spinal fluid also in London revealed no organisms.

On receipt of the notification, enquiries elicited the above circumstances and the House Physician of the Royal Salop Infirmary was advised to treat the second case immediately as one of Cerebro-Spinal Meningitis.

Efforts were made to swab the contacts, but persistent refusal was met with except in the case of the aunt of the ailing baby.

Swabs were also taken from the naso-pharynx of the two cases in hospital. The bacteriological report showed the presence of the Meningococcus in both of the patients and moreover it was the same type of Coccus namely Type No. 1.

Cultures taken from the aunt (potential carrier) were negative.

Cerebro-spinal fever is one of those diseases which spreads directly from person to person in overcrowded or ill ventilated rooms, but it is very often conveyed by so called " Healthy " carriers who harbour the organisms in the nose or throat for a short period without suffering from the disease themselves, and there appears to be no doubt that the second case who eventually died was infected either by his own mother or aunt who had been visiting the first case and were carrying the organisms.

Although no Smallpox occurred during the year, a suspicious case which was seen, was removed to the Smallpox Hospital for observation, vaccination and supervision of all contacts being carried out until a definite diagnosis was arrived at.

In the present unvaccinated condition of the population it is interesting to visualise how the disease might have spread had it been a case of smallpox.

The suspicious case was that of a breast fed unvaccinated baby with a rash, the appearance and distribution of which mimiced smallpox very closely. Only 5 days previously this baby took part in the Annual Baby Show and mixed with many other babies and their mothers in a large marquee.

These contact babies were traced and vaccination was urged, which was carried out in several instances, although this precaution might have been too late, if the case had really been Smallpox. Eventually the baby who was vaccinated on admission to hospital " took " and was discharged.

The death rates per 1,000 population from the principal infectious diseases are given in the following table for England and Wales, etc., during the year 1926.

	Typhoid fever	Small-pox.	Measles.	Scarlet fever.	Whooping Cough.	Diph-theria.	Influ-enza.
England & Wales	0.01	0.00	0.09	0.02	0.10	0.07	0.22
105 County Boroughs	0.01	0.00	0.12	0.02	0.10	0.10	0.22
158 Smaller Towns	0.01	0.00	0.07	0.02	0.11	0.06	0.23
SHREWSBURY	0.00	0.00	0.00	0.00	0.06	0.03	0.15

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1926.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.													NUMBER OF DEATHS.													Total Cases removed to Hospital.
		At Ages—Years.													At Ages—Years.												
	At all Ages.	Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 & upwards,	At all Ages.	Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 & Upwards.	
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria...	8	...	...	1	1	1	2	...	2	1	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	8
Erysipelas	6	...	1	...	...	...	1	...	1	1	1	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	2
Scarlet Fever	124	1	5	3	9	6	55	34	5	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	118
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	3	...	...	...	...	...	...	...	...	3	...	...	...	2	...	...	...	...	...	...	...	...	1	1	...	...	1
Puerperal Pyrexia ..	2	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Ophthalmia Neonatorum	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia, Acute Primary	10	...	...	...	...	...	1	...	...	3	2	3	1	16	5	3	1	...	...	...	...	...	...	1	2	4	...
Do. Acute Influenzal	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Fever ...	2	...	1	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	2
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Polio-Encephalitis ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Trench Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	159	5	7	5	10	7	59	34	8	14	3	4	1	21	5	4	1	1	...	...	...	1	1	2	2	4	134

WORK OF THE ISOLATION HOSPITAL.

The Isolation Hospital of the Shrewsbury and Atcham Joint Hospital Board situated in spacious grounds 2 miles from the centre of the town can accommodate 33 patients.

Cases are now transferred to Hospital in a motor ambulance hired from the Salop County Council, pending the purchase of one of their own by the Joint Board. The horse ambulance is kept in reserve and only made use of if the motor ambulance is not available.

The chief diseases dealt with are Scarlet fever and Diphtheria, but other notifiable diseases are admitted if accommodation can be found. Owing however to the special treatment and nursing required for cases of Puerperal Fever, arrangements have been made for cases suffering from this disease to be nursed at Berrington Hospital where there is a resident medical officer and full facilities in the way of apparatus and other necessaries.

Patients are received into the hospital from certain localities in the County of Salop and from the County of Montgomeryshire, as well as from the area served by the Joint Board.

During the year, there were admitted, 136 cases from Shrewsbury, 19 from the Atcham Rural District, 21 from the County of Salop and 2 from Montgomeryshire, making a total of 178 cases.

The diseases for which these cases were admitted and the locality from which they were sent is set out in the following table.

		Scarlet fever.	Diph-theria.	Typhoid fever.	Puerperal fever.	Erysipelas.	Deaths.
SHREWSBURY		124	9	—	2	1	1 (D'theria)
Atcham Rural District		13	5	—	1	—	2 (D'theria Puerperal fever.)
Wem	County of Salop.	1	—	—	—	—	
Ludlow		1	2	1	—	—	
Oakengates		2	—	—	—	—	
Wellington		4	1	1	—	1	
Newport		2	—	—	—	—	
Shifnal		3	—	—	—	—	
Chirbury		2	—	—	—	—	
Montgomeryshire		2	—	—	—	—	
Total		154	17	2	3	2	3

The average duration of stay in Hospital of Scarlet fever patients was 32 days compared with 40 days last year, and that of Diphtheria patients 21 days compared with 27 days in 1925.

Of the 178 cases admitted under the various headings, 10 were found to be suffering from conditions other than that for which they were admitted, the revised diagnosis being as follows :—

No. of Cases.	**Diagnosis on Admission.**	**Revised Diagnosis.**
6	Scarlet fever.	German Measles (3 cases). Stretococcal Septicæmia (1 case). Tonsillitis (1 case). No disease (1 case).
1	Puerperal Fever	Constipation.
1	Diphtheria.	Tonsillitis.

Only 3 deaths occurred in the course of the year.

Two of these were due to Diphtheria. On admission, owing to failure to obtain treatment sufficiently early, both cases were beyond help, death being due to heart failure.

The other death was due to Puerperal fever, the patient also being in a precarious state when admitted.

The type of Scarlet fever, with one or two exceptions, has been so mild, that in many cases the disease was hardly worth treating. Patients though infectious to others are not ill in the real sense of the word, and so are able to be up and about in the hospital grounds after a short period in bed, deriving full benefit from exercise in fresh air and sunlight. There were no deaths of Scarlet fever patients. Complications were mostly of a light nature and consisted of the following :— Otorrhæa 8 cases, Rhinorrhæa 11 cases, Adenitis 2 cases, Albuminuria 1 case, and Rheumatism 2 cases.

Owing to the fact that complications entailing mucous or septic discharges render the patient still infective it was necessary, in order to remove these infective conditions and also shorten the duration of stay in hospital, to resort to the only satisfactory method of treatment which modern experience indicates, and operate.

During the year an Ear, Nose and Throat Visiting Surgeon was appointed to perform such operations as were considered necessary by the Medical Superintendent, and already the effect of this procedure has become noticeable, in that the average duration of stay in Hospital of Scarlet fever patients has been reduced by 8 days per patient in comparison with last year.

The following operations under a general anæsthetic were performed during the year.

Tracheotomy	3 cases.
Mastoid operation	1 case.
Removal of Tonsils and Adenoids ...	12 cases.

There were 5 " Return cases " of Scarlet fever compared with 6 last year. A case is counted as a return case on presumptive evidence as a rule, and it does not necessarily follow that the patient discharged from hospital is the casual agent giving rise to another case.

An analysis of the return cases bears out this contention.

Case A was discharged on 25 : 10 : 26, another child from the same house being admitted with Scarlet Fever on 29 : 11 : 26, an interval of 5 weeks having elapsed, during which time, of course, the second case might have contracted the infection elsewhere.

Case B discharged on 31 : 8 : 26, a sister living in the same house was admitted on 30 : 9 : 26—a month intervening.

Case C was admitted to the Isolation Hospital on September 21st with an empyema wound actively discharging, having developed Scarlet fever whilst a patient at the Royal Salop Infirmary. She remained at Monkmoor for 6 weeks, and was nursed in the open air for most of that time. She was sent back to the Infirmary on October 31st for further treatment of the empyema wound. Six days later, a nurse who had been looking after this child developed Scarlet fever. There is no doubt about this being a true return case, though it is difficult to say whether the empyema wound was infectious or whether the child still harboured organisms in her throat, as there were no nasal or aural discharges.

Case D, left hospital on 10 : 8 : 26, a brother living in the same house developing Scarlet fever on 13 : 8 : 26—a clear case of direct infection. A second case living in a different house, but playing at times with Case D was admitted on 31 : 8 : 28, 3 weeks after Case D had left Hospital.

It may be assumed therefore that there were 2 definite return cases, and 3 which, though counted as such, may have been mere coincidences.

The provision of a shelter for convalescent cases, has been under consideration, and it is proposed to erect a combined convalescent shelter and overflow ward when finances can be found.

When this shelter, with its south front entirely open, and the other three sides fitted with sliding casement windows, is erected, it will serve three useful purposes.

Firstly it will increase the bed accommodation of the hospital by 4—6 beds. Secondly it will enable convalescent children to spend most of the day in all weathers, under open air conditions, instead of sitting about, when wet, in the same ward into which acute cases are being admitted. Thirdly it will enable delicate children, those suffering from complications, and convalescent cases to be nursed in this shelter and when weather permits brought out in their beds to obtain the full therapeutic value of sunlight.

BACTERIOLOGICAL WORK.

Bacteriological investigations of a simple nature only, are undertaken in the Borough Laboratory and consist chiefly of the culture and examination of Diphtheria swabs, examination of specimens of sputa for the Tubercle Bacillus, and specimens of blood from the Abattoir for Anthrax.

The following work was carried out during the year.

		Number.	**Positive.**	**Negative.**
Diphtheria	Swabs from Isolation Hospital	531	15	516
	,, ,, School cases and contacts	81	2	79
	,, sent by Local Doctors	142	8	134
Tubercle Bacillus	Specimens of sputa examined	14	1	13

The undermentioned specimens from the Borough and paid for under the County Council Scheme were sent to the University of Birmingham for examination :—

	Positive.	**Negative.**
Sputum for Tubercle Bacillus ...	4	29
Swabs for Diphtheria	—	1
Widal's reaction for Typhoid fever ...	—	2
Swabs for Cerebro-Spinal Meningitis	2	1

NON NOTIFIABLE ACUTE INFECTIOUS DISEASES.

Information as to the incidence of non-notifiable infectious diseases is not completely obtainable, but from reports sent by School teachers and Health Visitors a general idea of the prevalence is available.

German Measles made its appearance in the early part of the year, over 200 cases occurring among elementary school children, and Whooping cough most prevalent at the same time, gave rise to 178 cases in school children during the year.

There was no epidemic of Measles and no deaths from this disease.

Chickenpox and Mumps occurred in a relatively small number of cases.

No epidemic of Influenza occurred. There were 5 deaths attributed to this disease, all of which were in people over 45 years of age.

Efforts are made to control these non-notifiable infectious diseases among the school population, by exclusion from school to the sufferers and their immediate close contacts, both classes being examined at the School Clinic before being allowed to return to school.

DISINFECTION.

The value of disinfection or of different methods of disinfection has been much over-rated in the past, and the observance of traditional methods has become rooted as a habit.

It is now known that infection that spreads, is spread by infected persons rather than by infected articles or the atmosphere in which an infectious person has resided. Hence to prevent infection spreading, attention is more and more concentrated on individual rather than inanimate objects. Infection can of course be conveyed by an infected article, but this mode of spread is neither so common, nor so important as transmission from person to person directly or through intermediary carriers.

Consequently the need for elaborate, costly, and time-occupying processes of disinfection is uncalled for.

In several areas disinfection after infectious disease has been given up altogether with no untoward results. In Shrewsbury the disinfection of the room by sealing up air outlets and fumigating with disinfectant vapour has been abandoned.

Disinfectant fluid is supplied by the Health Department, with directions as to how it should be used, for the disinfection of bed linen, handkerchiefs and other articles that may have been soiled by discharges from the patient.

In houses where the conditions are unfavourable, a formalin spray may be used as well.

Householders are advised to give the bedroom a thorough cleansing with soap and water and to flush out the room with fresh air.

Appended is a summary of the work done by the Sanitary Inspectors with respect to Infectious Diseases.

Visits made in connection with Infectious disease		226	
Cases removed to Hospital by Inspectors		57	
Disinfection carried out after	Tuberculosis	35	172
	Scarlet fever	115	
	Diphtheria	9	
	Other diseases	13	

PREVALENCE AND CONTROL OF OTHER DISEASES.

Of the individual causes of death Cancer heads the list excluding Heart disease which term includes many cases of normal degeneration and senile decay.

As the exact causation of the disease is unknown, control over it is necessarily incomplete, but with the knowledge at present in existence, a good deal can be done to prevent death, if early treatment is secured.

As 1 person in every 7 over the age of 35 years dies annually in Shrewsbury—there were 43 deaths from Cancer during the year, it becomes a matter of extreme importance to utilise existing methods of relief and cure until increased knowledge of the causation of the disease enables us to concentrate on its prevention.

In an attempt to reach all classes of the community by propaganda methods, the following leaflet was distributed to every house in the town.

BOROUGH OF SHREWSBURY.

PUBLIC HEALTH COMMITTEE.

CANCER.

The information contained in this leaflet is intended not to alarm the public but to be of some guidance and help, so that with a knowledge of the facts as set out herein, steps can be taken at an early stage to seek medical advice and, if necessary, to have the mischief eradicated before it is too late to be curable.

It is because, as yet, the cause of Cancer has not been ascertained despite world-wide scientific research, and also at any rate in this country because the incidence of Cancer is increasing yearly, that it becomes more necessary than ever that all persons should know what to do and when, if premature death, with ante-cedent suffering is to be avoided, seeing that at present 9 cases out of 10 are fatal, **due largely to delay in seeking treatment early.**

FREQUENCY OF CANCER. During the last 35 years the mortality from Cancer has doubled, and although this increase may be more apparent than real, owing to the fact that nowadays diagnosis is more accurate, and owing to the increased longevity of the nation, more people now survive to reach the "Cancer age," there is not much doubt that a certain proportion of the increased mortality is due to an actual increase of the disease.

In the year 1925 in England and Wales 51,939 persons died of Cancer.

In the year 1925 in Shrewsbury 273 persons aged 35 and upwards died, and of these 48 were due to Cancer, so that **over the age of 35 approximately 1 person out of every 6 or 7** dies of Cancer, not only in Shrewsbury but throughout the country generally.

AGE AT WHICH CANCER OCCURS. Cancer is almost exclusively a disease of adult life and about 97% of all deaths from Cancer occur at ages over 35 years.

PREDISPOSING CAUSES OF CANCER. It is fairly well established that Cancer can affect practically every organ or part of the body which is the seat of a chronic inflammation often resulting from long standing irritation of various kinds.

Mechanical irritation produced by jagged decayed teeth, badly fitting dentures or corsets, may lead on to Cancer at the respective site. Warts, moles, and other skin tumours if irritated may become Cancerous.

THE DEVELOPMENT OF CANCER. The living cells of which the various tissues of the body are composed are constantly growing, dying off, and being replaced by new cells. The present theory of Cancer is that owing to chronic inflammation or irritation in any situation, the cells so to speak show resentment, and instead of developing in the usual harmonious order, they alter their characteristics and form the nucleus of a small colony which grows and ramifies in all directions with the destruction of the tissues in their path. At first, this lawless group of cells may be recognised as a small nodule or **painless** lump which can be removed easily. If not removed early, the mass continues to grow and penetrate, and eventually small portions become detached and are carried by the circulation to other parts of the body, resulting in new or secondary Cancerous growths.

If the original small growth is removed early a cure is often secured, but if delay in recognition or treatment takes place, and the local disease becomes disseminated generally, a fatal ending is certain.

DANGER SIGNALS. If the beginnings of Cancer caused pain like toothache or earache, people would receive warning and most cases would be attended to without delay, but the most dangerous thing about **Cancer in its onset is that it is usually painless.**

It is therefore important for all adults to know something about the symptoms or danger signals of Cancer occurring in the commonest situations.

CANCER OF THE BREAST. This is one of the sites of Cancer in which early detection is comparatively easy.

Any lump, nodule, chronic sore or crack, appearing after the age of 40 should be examined by a doctor.

The operation for the removal of a small lump is very trifling at this stage ; if left till later, the operation is necessarily more extensive and serious.

Recent investigations have demonstrated that patients operated on in the early stages, *i.e.* before the disease had extended beyond the breast itself, 94% were alive and well at the end of 3 years, 91% at the end of 5 years, and 87% at the end of 10 years.

The average duration of life in patients who receive no treatment is only 3 years from the onset of the disease.

CANCER OF THE WOMB. The following **may be** danger singals of Cancer.

1. Any bleeding, however trival, occurring after the change of life.
2. Any irregular bleeding occurring at the change of life.
3. Watery, slightly stained discharges.
4. Any change in the duration and frequency of the monthly periods.
5. Neglected tears of the womb (from childbirth) which cause a chronic discharge.

CANCER OF THE STOMACH AND BOWELS. Indigestion in a person over 40 years of age which does not soon yield to treatment, and especially if that person has not suffered from indigestion previously, should raise suspicions and indicates the need for a thorough investigation with the aid of all modern methods of diagnosis.

Cancer of the stomach may follow ulcer of the stomach.

Cancer of the bowels may give rise to constipation with colicky pains, and if persistent, medical advice should be obtained.

Cancer of the lower end of the bowel is very often mistaken for piles. Blood in the stools is often due to piles, but it may also be an early sign of Cancer.

Cancer of the stomach or bowels can be removed successfully by operation if discovered at an early stage.

Of all the deaths from Cancer, about 50% are due to Cancer of the Digestive tract.

CANCER IN VISIBLE SITUATIONS. Any sore or swelling on the tongue, lip or inside of the mouth which does not heal up or disappear should be submitted to investigation at once.

Excessive smoking sometimes produces a chronic inflammation of the tongue resulting in the formation of ulcers or fissures, and if such ulceration does not respond to treatment, Cancer should be suspected until proved otherwise.

Moles, warts, etc., are generally harmless, but if they change in shape, size or appearance or are subject to irritation, seek advice—their removal may prevent Cancer setting in.

SPECIAL POINTS TO REMEMBER.

1. There is no medicine or drug that will cure Cancer. At present early operation is the only hope of cure.
2. The beginnings of Cancer are almost always painless.
3. There is no reason to think that Cancer is either infectious or contagious.
4. Owing to certain special organs, women are more susceptible to Cancer than men.
5. Avoid artificial ways of living and artificial food with a view to preventing indigestion, constipation and decay of the teeth.

A. D. SYMONS, M.D.,
Medical Officer of Health.

PUBLIC HEALTH DEPARTMENT,
74, WYLE COP,
SHREWSBURY.

Some time after the circulation of the above leaflet, a questionnaire was sent to local medical practitioners to find out what effect, if any, this form of propaganda had made.

The replies received showed that several people consulted their doctors for what might have been signs of Cancer, a good many of the patients being of the nervous or imaginative type, but no data were obtained as to any actual cases of early Cancer being discovered.

The psychological effect of a leaflet of this kind will vary according to the type of mind of the individual. Some will be scared and worried, but this worry can be soon put at rest as a result of an examination ; others will be indifferent and will be satisfied to ignore it, whereas the average person of normal mentality will probably store away the information and act upon it should real symptoms arise.

The medical profession are not yet in a position to detect the very early signs of Cancer, let alone advise the laity, but the stage of the growth of the disease giving rise to symptoms which can be recognised by present diagnostic methods, is a stage in which surgical interference can effect a cure in very many cases.

Meanwhile, the public should get into the habit of paying periodical visits to their doctors and dentists, for an overhaul, in the same way that motor cars, engines and all other sorts of machinery are subjected to inspection, adjustment and constant care.

TUBERCULOSIS.

There were 25 deaths from all forms of Tuberculosis during 1926, which gives a death rate from Tuberculosis of 0.78 per 1,000 population.

Of these 25 deaths, 20 were due to Pulmonary Tuberculosis or Phthisis which gives a Phthisis death rate of 0.62 per 1,000 persons living.

The following table gives the number of new cases of Tuberculosis notified in the year, together with the deaths, and the age periods.

Tuberculosis.

Age Periods.	New Cases.				Deaths.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1	—	—	—	—	—	—	—	—
1— 5	—	—	1	—	—	—	1	—
5—10	—	3	3	3	—	1	—	—
10—15	—	1	3	—	—	1	—	—
15—20	2	—	—	3	1	1	—	—
20—25	3	1	—	—	—	1	—	—
25—35	3	7	—	2	5	2	—	—
35—45	—	5	—	1	2	2	—	1
45—55	1	—	—	—	3	—	—	—
55—65	2	—	—	—	1	—	—	2
65 and upwards ...	—	—	—	—	—	—	1	—
Totals ...	11	17	7	9	12	8	2	3

Of the 25 deaths from Tuberculosis 3 or 12% were not notified before death.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

It was not found necessary to take any action under the above regulations.

Public Health Act 1925, Section 62.

This section of the Act enables a local authority to apply to a court of summary jurisdiction for an order for the removal to a hospital or institution of any person who is suffering from Pulmonary Tuberculosis and is in an infectious state, and for his detention and maintenance therein for such period, not exceeding three months, as the court think fit.

The powers of removal to and detention in an institution may be exercised contrary to the wishes of the patient, and are therefore made subject to certain safeguards as follows :—

Action is restricted to patients whose accommodation prevents the adoption of proper precautions to guard against the spread of infection or who are not taking such precautions ; and in either event it must be shown that serious risk of infection from consumption is caused to other persons.

A suitable hospital must be available for the reception of the patient and the cost of removal to and maintenance in the hospital is to be borne by the local authority, who also may be ordered by the justices to contribute towards the maintenance of the patient's dependants while the patient is in hospital.

The first period of detention is limited to a period not exceeding three months, with power to renew the detention for a further period, if necessary.

An application may be made by or on behalf of the patient to the court for the rescission of the order at any time after six weeks from the date of the order.

It will be noted that this section of the Act is provided to deal with cases in which there is special risk of infection.

It has not been found necessary to operate this section of the Act during the year.

MATERNITY AND CHILD WELFARE.

A detailed account of the various ramifications of Maternity and Child Welfare was given in last year's report.

The patient and plodding but non-spectacular work of education in the different branches of mothercraft continues, and it is satisfactory to report that as a result of an inspection in May, a letter was received from the Minister of Health expressing his appreciation of the good work which was being done for the benefit of mothers and children.

The attached table summarises the Home visits paid by the Health Visitors for the various objects as tabulated.

Visits of Health Visitors, 1926.

	Ante-Natal Visits.	Under 1 year.		1—5 Years Visits.	Infant Death Enquiries.	Still-birth Enquiries.	Home Nursing.	Totals.
		First Visits.	Return Visits.					
January ...	93	47	329	232	8	2	2	713
February ...	97	43	382	202	2	3	8	737
March ...	106	48	362	220	4	—	1	741
April ...	64	41	292	137	1	2	2	539
May ...	40	47	143	64	—	1	4	299
June ...	50	53	409	152	3	1	5	673
July ...	60	47	362	284	—	3	12	768
August ...	56	25	141	77	2	—	6	307
September	83	49	394	353	2	1	6	888
October ...	124	50	472	346	2	4	8	1006
November	129	45	397	329	5	1	6	912
December ...	118	33	397	295	4	4	3	854
Total ...	1020	528	4080	2691	33	22	63	8437

The method of feeding of infants, as ascertained at the first visit, is indicated below :—

Breast.	Bottle & Breast.	Bottle Fed.	Artificial Food.	Not investigated.	Died before Fed.	Total.
430	17	38	24	*99	16	624

* Of this number 65 were born in Shrewsbury, but live outside the Borough boundaries.

Some of the children who were breast fed on the occasion of the first visit had a change of feeding later and the number and length of time breast fed were as follows :—

Total Children observed.	Left after 1st Visit.	2 weeks.	3 weeks.	4 weeks.	5 weeks.	6 weeks.	2 months	3 months	4 months	5 months	6 months & over.
430	8	30	14	19	11	11	26	46	6	19	240

Welfare Centre. Two afternoon sessions a week, each of about two hours duration are held at which the Medical Officer of Health attends together with one of the Health Visitors and Voluntary Helpers.

The following figures show the attendances made.

Work at Welfare Centre 1926.

	Under 1 year.	1—5 years.	Expectant Mothers.
New Cases	307	121	112
Old Cases	67	252	6
Total Attendances ...	1601	1785	318

The amount of work done at each session may be gauged from the following average numbers.

Average attendance of Mothers each afternoon	28
,, ,, ,, Children ,, ,,	34
,, number of children medically examined each afternoon	27

The following activities which include, dental treatment for nursing or expectant mothers, the reference of children to doctors or institutions for treatment of various defects discovered, the issue of free milk to mothers or children and the supply of extra nourishment at cost price in small amounts, are set out below.

Number of Mothers who received Dental Treatment	27
,, ,, Babies ,, ,, ,, ,,	3
,, ,, Children referred to Eye, Ear & Throat Hospital	24
,, ,, ,, ,, ,, Cripple Care Centre	13
,, ,, ,, admitted to Orthopædic Hospital	2
,, ,, ,, referred to Doctors, Infirmary or Relieving Officer	42
,, ,, Expectant or Nursing Mothers receiving Free Milk	32
,, ,, Children under 3 years ,, ,, ,,	36

		£	s.	d.
Dried Milk	Supplied at cost price and paid for by mothers.	26	2	0
Virol		9	15	0
Cod Liver oil		2	17	0
Cod Liver oil Emulsion		2	4	0
Plain Malt Extract		2	5	0

Number of cases admitted to Maternity Home	36
Cost to the Borough	£302 : 8 : 0
Amount received in part payment by patients	56 : 8 : 0

One important branch of activity not yet mentioned, is the work done by Voluntary Helpers and the School for Mothers Committee.

We have been fortunate this year in obtaining the very kind help of some regular workers, without whose help it would be difficult to carry on and much thanks is due to them for their devotion to the duty they have willingly undertaken.

The School for Mothers Committee who raise funds by means of subscriptions and donations, rummage sales, etc., enable the following work to be carried out :

(1) At the Welfare Centre—(*a*) Weekly teas for mothers, (*b*) weekly sewing classes, (*c*) fortnightly cooking classes and demonstrations.

(2) Extra nourishment for mothers in poor circumstances, viz.: Cod liver oil, Virol, Dried milk, etc.

(3) Annual Baby Show.

(4) Maintenance of 3 Sand Gardens for Toddlers during August.

Ante-Natal Clinic. The tremendous wastage of foetal life in abortions, miscarriages and stillbirths, the number of maternal deaths as a result of child bearing, and the damage and accompanying physical ill health of mothers are to a large extent preventable. The means of prevention lie in ante-natal supervision which may be said to be the keystone of modern midwifery.

It is not yet the universal fashion for women to seek advice and examination with regard to what is after all a healthy physiological function of their being, and not a thing to be ashamed of or shy about, nor do they realise sufficiently the potential dangers they undergo, if their general health is poor or their skeletal structure is abnormal.

But fortunately as women are more adaptable to fashions—and fashions must not be confused with fads—than men, the time is quickly arriving when every expectant mother will look upon it as an ordinary event to undergo a full and careful overhaul by a medical man at least once before confinement.

Pregnancy is often a time of enhanced health in the healthy, but for those who are overworked, improperly fed and badly housed a state of sub-health often exists and it is this ill health—not recognised as such by the people themselves—that leads to premature birth, stillbirths, difficult labour and retarded convalescence with failure to breast feed the offspring.

The work of an Ante-Natal Clinic is to correct as far as possible those conditions which are enfeebling the mother's stamina and the aim is to obtain a full time healthy breast fed baby, and a naturally delivered and an undamaged mother.

The Ante-Natal Clinic is held once a fortnight and is becoming more popular as the attendance figures show. It is possible in the near future that the number of sessions ought to be increased to one a week, because it is found that women often forget the date of a fortnightly clinic or else happen to be otherwise engaged on that particular day. Moreover, the co-operation of the midwives in the Borough is being sought and it is expected that more cases will have to be dealt with shortly.

Number of Patients Examined.

Year.	Ante-Natal.	Post-Natal.	Total Attendances
1924 ...	59	1	89
1925 ...	94	8	201
1926 ...	123	9	206

Of the women examined ante-natally, 85 were known to have been confined during the year and the results of the confinements were as follows :—

Number of women who died as a result of confinement	Nil.
Number of Live Births	81
,, ,, Stillbirths	2
,, ,, Miscarriages	2
No record of birth, e.g. Left town or live outside Borough	10
Not yet confined	28

Maternity Home. Mothers whose home circumstances are such that confinement is impossible owing to insufficient accommodation or undesirable owing to the absence of facilities to ensure cleanliness in the course of labour, are admitted to the Maternity Home conducted by the Shrewsbury Victoria Nursing Association.

Patients admitted are all examined at the Ante-Natal clinic prior to admission, and they make payment towards the cost of maintenance, according to the family income, the figure arrived at being decided upon by the Medical Officer of Health, after investigation has been made of the family income.

Thirty-six patients were admitted during the year.

The incidence of Infectious Diseases among Parturient Women, Infants and Young Children.

Puerperal Fever has been notifiable throughout the country since the Infectious Disease (Notification) Extension Act, 1899, came into force. Experience however, had shown that for a variety of reasons notification of this disease was far from complete ; with the result that measures for the prevention and effective treatment of the condition have been seriously hampered.

In order to attempt to lesson the maternal mortality rate from sepsis and febrile states arising during the puerperium it was decided to make notifiable all states of pyrexia or raised temperature occurring in a woman within 21 days after childbirth, and to this end the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations 1926 came into force on October 1st.

In order to make notification effective, facilities for assistance in diagnosis or treatment are necessary and arrangements have been made for this purpose.

During the year 3 cases of Puerperal Fever and 2 cases of Puerperal Pyrexia were notified, but no death occurred.

In the one case of Puerperal Pyrexia, the rise of temperature was attributed to Pulmonary Tuberculosis, in the other a difficult instrumental delivery with laceration of the perineum gave rise to the pyrexia.

Two women died of sepsis as a result of childbirth, neither of the cases being notified. One was a case of septicæmia following an abortion (inquest case) ; the other, puerperal fever in a woman belonging to the Borough but residing elsewhere.

No exact figures of the number of cases of Whooping Cough and Measles are available, but through the agency of Health Visitors it was ascertained that there was no epidemic of Measles during the year and no deaths of infants from this disease.

There were 2 deaths of Infants attributed to Whooping Cough.

Diarrhœa in infants and young children did not occur on an epidemic scale, only 2 deaths from this complaint being registered.

The incidence and disposal of cases of Ophthalmia Neonatorum is set out in the following table.

OPHTHALMIA NEONATORUM.

Cases.			Vision unimpaired.	Vision impaired	Total Blindness.	Deaths
Notified	Treated.					
	At Home.	In Hospital.				
4	—	*4	4	—	—	—

* Two of these were treated as out-patients at Eye Hospital.

ADOPTIVE ACTS, BYELAWS AND LOCAL REGULATIONS, with date of adoption :—

Public Health Acts (Amendment) Act, 1890. Adopted 1908.

Infectious Disease (Prevention) Act, 1890. Adopted 1909.

Public Health Acts (Amendment) Act, 1907. Adopted 1912.

Public Health Act, 1925. Adopted February, 1927.

Byelaws with respect to Slaughterhouses. Adopted 13th Feb., 1888.

Byelaws with respect to Nuisances in the Borough. Adopted 28th Aug., 1905.

Byelaws with respect to Common Lodging Houses. Adopted 13th Aug., 1906.

Byelaws with respect to Public Slaughterhouses. Adopted 16th Oct., 1911.

Byelaws and Amended Byelaws with respect to Public Slaughterhouse. Adopted 26th Nov., 1919.

Byelaws with respect to New Streets and Buildings. Adopted 22nd June, 1877. Revised 9th October, 1923.

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